ROYAL INFIRMARY, EDINBURGH.

Clinical Observations

DURING THE WINTER SESSION, 1860-61.

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No. II.—HYSTERIA AND DELIRIUM TREMENS.

Epidemic of hysteria in a reformatory institution—Hysterical mania from a severe mental shock—Moral treatment of such cases. Delirium tremens—Three characteristic cases—Treatment should be, for the most part, without drugs or stimulants.

(Friday, December 7th, 1860.)

GENTLEMEN,—I wish to make an observation or two upon hysteria, and the allied forms of nervous disorder. We have had two very well-marked cases of pure hysteria since the beginning of the session. You did not see much of them, because I do not think it right to parade such cases before you, but you heard of them, and some of you saw them. They were two young girls from a reformatory institution in town, one not intended for cases of confirmed depravity or crime, but only of bad habits and tendencies, requiring careful moral control and superintendence. Such institutions do a great deal of good, but they are also subject to occasional abuses and imperfections, like everything else in this world. From this particular reformatory we have had not only these two cases of hysteria, but one or two others before the session began; and, in particular, one curiously deceptive case, where the paroxysms almost exactly resembled acute laryngitis; possibly there may have been, indeed, a slight degree of laryngitis also. Now it so happens that a medical friend of mine, who, till lately, was the medical attendant of this institution, tells me that during twenty years he had hardly any trouble with it at all. Recently there has taken place a considerable change in the administration, and one of the consequences of the change, I suspect, is this cumulative state of hysteria—this little epidemic, in fact—of which we have witnessed some of the traces. I have not inquired, and do not wish to inquire, too closely into the matter, which is beyond my province; but I must make this epidemic a part of your instruction, and I therefore tell you plainly, that on inquiry you would probably find that it is due to some form of injudicious moral management—undue fostering of the emotions at the expense of the active powers of the mind—the cultivation of sickly sentimentalisms of one kind or other, instead of practical habits of business-like occupation. I believe that this is so, because the epidemic is so strictly localized, and, also, because it is a new feature in the institution itself. In the three or four cases that were brought here, the mere removal to the hospital went far to cure them; they were well in forty-eight hours. The treatment here did not consist in administering drugs, but in speaking kindly and firmly, inquiring carefully into all the facts of the case, and then giving a confident assurance that all would be right to-morrow; and so they all obeyed instructions, and got well. Hysteria, I may tell you, is a disease almost always the result, in some degree, of imperfect moral management; sometimes, no doubt, it has also, in part, a physical origin, as when it depends on disorder of the menses as a predisposing cause.

Another case under our care at present is not unlike aggravated hysteria; but I fear it is not to be so easily managed as those from the reformatory. This poor girl has a painful, but too common history. She was seduced, lived for awhile with her seducer, had an illegitimate child by him, and was then, I suppose, neglected; at all events there was a quarrel. It does not appear that there was any fixed idea of desertion on his part, for the young man has been here since her admission, and seems on good terms both with her friends and with the girl herself. But the result was, at the time, a terrible shock to her nerves; she was found by the police crouching in a doorway in some dark corner of one of the closes in the High-street, in a state of extreme trepidation and excitement, under the delusion that "the devil was coming to take her away," and that she was "going to hell." It appears that she must have jumped out of a window from a considerable height into the street. When I saw her some time after her admission, she seemed in danger of dying, partly from fright and partly from the exhaustion following excitement, from cold, and from want of food. She persisted in the delusion that the devil was coming to take her, and seemed impressed with the idea that it was to be some time before midnight. She had, also, for some time refused food; in fact, there was reason to think she had neither eaten nor slept for several days. I have seen cases of mania where death was imminent from these causes, and from the physical prostration produced by the inordinate excitement. In this case the treatment was substantially based upon the same principles, so far as the mind was concerned, as in the hysterical cases; but it required to be modified in accordance with the urgency of the case. The first thing wanted, clearly, was bodily sustenance—food, in short, not crammed down her throat, but taken, if possible, *with a will*. We had, therefore, to create, or educe, a will, as it were, out of the wreck of the mind; and here the true principle is, not to sympathize too much in words, still less to lay yourself open to the charge of harshness, but to steer a middle course between these two, by firm, authoritative, at the same time, sympathetic conduct. Two errors are often made in such cases, as matter of routine. Shower-baths and other strong impressions on the surface are useful in many cases of nervous disease, but they are often overdone; in this case they would have been almost certain death. Again, to load the stomach of this patient with fetid antispasmodics would have been to destroy what little appetite she possessed. The true course is to gain the patient's confidence; and this is usually not difficult up to a certain point, for the insane or hysterical mind, in spite of itself as it were, tends to lean trustfully upon the strong and healthy mind, provided the circumstances of the case are carefully and delicately probed by the physician in the exercise of his office; a firm and genial tone of authority being at the same time adopted. Here is the sort of impression (put into words) that you want to produce:—"You may trust me to do all that I can to protect you from the danger you fear, and *I can do it; only you must do exactly what I want you to do.*" This sort of impression must be got, however, not so much by words, as by manner, by looks, by pressure of the hand, by carefully considered conduct in detail, by fifty little things which cannot be foreseen or remembered afterwards, but which are naturally suggested by the situation of the case at the moment. In this case we very soon succeeded in giving and getting a certain amount of confidence, and I then told her decidedly and seriously, that I would be responsible for her being perfectly safe, but that she *must* take food, and keep herself alive. She said she would try; she did try, and succeeded every day in taking some. She has been getting decidedly better, and is out of all immediate danger; in fact, she does not now talk about her delusions, but I fear they still exist, and if this condition continues long, we must consider it as a case of mania or monomania, and transfer her to an asylum.

(Friday, January 4th, 1861.

The case of hysterical mania which I mentioned in a former lecture has had to be sent to Morningside Asylum, as I anticipated. She will there have the benefit of a more complete system of attendance, more entire control, more facilities for occupation, better air, more room for exercise than we can give her here; and very probably she will get well. You will have observed that I discountenance the use of much medicine in this class of cases, and trust almost entirely to hygienic measures. There is another class of cases of which the same thing may be said in a general way, and of which we are now beginning to have some examples in the wards devoted to delirious and noisy patients. I allude to those forms of mental aberration due to intemperance, or what is technically called delirium tremens. We have three of these cases in the ward at present, and may expect more shortly, in consequence of the great amount of ardent spirits usually consumed at this season of the year. Were I addicted to changes of nomenclature (as I am not in general), I should wish for a new and more comprehensive term for this disease; for though delirium and tremor are both frequent enough symptoms, yet you may have all the essential phenomena of nervous disturbance consequent

on the use of intoxicating drinks without tremor, and without well-marked delirium. We may have, in fact, every degree and kind of nervous irritability, and almost every kind of cerebral disorder in turn, due to this cause—from the fidgetty, dyspeptic, and prostrate condition, vernacularly called "the horrors of drink," to the most exaggerated mania or the most desperate and repeated epileptic attacks.

The cases now under observation are very characteristic. The first is that of a man (W. N——, aged forty-five) who is already improved since admission. He has been very delirious, but is now comparatively quiet. He addresses me as an old friend, and alludes to many transactions as having passed between us; for my part, I don't remember ever to have seen the man before. His delusions are very decided and insurmountable; they refer chiefly to his business, for he is a publican by occupation, and he fancies he is behind his counter, selling liquor to his customers; nothing can root this idea out of his mind. He had been indulging very freely for some days before admission. Yesterday he was so unsettled as to give a great deal of trouble to the attendants; and though hardly so violent as to be dangerous, he managed to break a window by dashing his hand through the pane, in performing which feat he cut his hand pretty severely. We had him removed, for safety, to one of the padded rooms; though I must tell you that I have a strong objection in general to using these rooms at this season, because we are unable to keep a fire in them, and some of these cases suffer very much from darkness and cold. If I had my choice, indeed, and plenty of space, I would treat almost all cases of delirium tremens by more or less exercise in the open air; but that is impossible here without giving rise to great annoyance, from the small means at our disposal in the way of exercise-ground. This man did not suffer from being in the solitary chamber; on the contrary, I found him always quite warm, happy, and comfortable, shaking me by the hand, singing, and going back to his prison with the best possible grace. I have left him there, therefore, without hesitation, only giving directions to the attendant to visit him every hour or two, so as to see that he does not catch cold. I am told he has not slept much, but has taken food freely. Now, bear in mind always that the chief danger of maniacal and delirious attacks is exhaustion; if the patient digests his food, the danger is much diminished. This man certainly appears in no great danger of exhaustion; I am not apprehensive as to his life. There is a risk, perhaps, that the case may degenerate into chronic mania, but I think that in all probability he will come round, and get well without any further treatment.

Another case of the same disease is that of G. S——, aged thirty-six, a cab-driver. He has been drinking hard lately, usual at the new year. He complained at first of a pain in the right flank, and a doctor in town applied leeches and a blister. He first began to have delirium on New Year's-day, and was brought here on the 3rd. He is constantly talking about horses, and sits down in his bed holding the reins, as if in the act of driving his cab. The delirium is not so violent as in the case of the publican, but it is emphatically the same restless, happy, good-humoured delirium, bearing largely on the habitual occupation (well called by Dr. Watson a *busy* delirium). It is not always so *sunshiny* as in these two cases—sometimes quite the contrary—but almost always restless and fidgetty. Now, let me tell you in general terms (and this I hold to be a very important doctrine) that *these patients absolutely require, as a rule, nothing but careful nursing—i. e., adequate protection and good food, adapted to the state of the digestion*, which is usually feeble. Very often I give no medicine at all. When the sleeplessness is very prolonged, I sometimes give *moderate* doses of opium; never the high doses that are often prescribed in this disease, and never cumulative doses, involving the risk of poisoning. When the disease and the excesses that have led to it are of recent origin, I hardly ever think of giving stimulants, at all events in quantity; but when the patients are much debilitated, and the disease is due to very long-continued habits of drinking, and not the immediate effect of a debauch, I sometimes think it right to give a very moderate allowance of whisky, and I believe they take their food all the better for getting it.

The third case (W. M'N——, aged thirty-four) is one in which this treatment might have been requisite, had the disease degenerated into aggravated delirium tremens; but it was merely an exaggerated case of the "horrors," marked by distinct tremor of the hands and tongue, rapid and feeble pulse, complete loss of appetite, melancholic and hypochondriacal delusions, considerable prostration, and costive bowels. He improved rapidly under laxatives and tonics.

Friday, January 11th.

All the cases of delirium tremens are now getting well. I mention this particularly, as illustrating the doctrine I have delivered to you—viz., that simple treatment, consisting chiefly of good nursing and food, will cure the most of these cases. Since I adopted the plan I mentioned, I believe I have never lost a case that was not complicated with either surgical or medical disorder, such as fractures or other severe injuries, pneumonia, &c.* Another remark, however, ought to be made as qualifying this. I do not think that delirium tremens is quite so formidable a disease, on the whole, as it once was. The habits of the population are improved of late years; there are fewer cases altogether, and certainly fewer aggravated cases, such as I used to see a dozen years ago, when, however, I must admit, the usual treatment was such as in many cases to increase the disease. This year there have been fewer cases, I think, up to this date than I ever saw before at this festive season.†

THE HOT BATH: ITS PHYSIOLOGY, USE, AND ABUSE.

ESPECIALLY IN CONNEXION WITH THE TREATMENT OF DROWNING.

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(*Continued from page* 383.)

"THE privation of breathing appears, however, to be the first cause; and the heart's motion ceasing, to be the second or consequent; therefore most probably the restoration of breathing is all that is necessary to restore the heart's motion. ..... If this method [of applying heat gradually, and in proportion to the quantity of the living principle present] is not observed, and too great a degree of heat is at first applied, the person or part loses at once the living principle, and mortification ensues. ..... From these facts it appears that warmth causes a greater exertion of the living powers than cold; and that an animal in a weakly state may be obliged by it to exert a quantity of the action of life sufficient to destroy the very powers themselves. The same effects probably take place even in perfect health; it appearing from experiments made in a heated room, that a person in health, exposed to a great degree of heat, found the actions of life accelerated so much, as to produce at last faintness and debility."—JOHN HUNTER on *Proposals for the Recovery of Persons apparently Drowned*, "Animal Economy," 2nd ed. 4to, pp. 133, 137, 138.

Observations upon individuals, healthy and otherwise, whilst in the hot bath; their ages varying from 13 *to* 40. *Brief summary of results, primary and secondary, upon the pulmo-cardiac circulation.*

THE *complete submersion* experiments previously related, which were performed by Mr. Tomlinson and myself, corroborate the observations of Edwards, Marshall Hall, and others, as to the more rapid drowning of animals in hot than in cold water; they further show that the lungs become much more congested with blood in hot water, than in water of a lower temperature.

They help, moreover, to elucidate the question of the mode of death by drowning, or rather modes; for according to the temperature of the water used, the post-mortem appearances, of the lungs especially, appear to be modified.

II. Experiments by *partial submersion* now require consideration.

It is proposed to watch the effects of the ordinary hot bath (that is, the submersion of the whole body save the head and neck) upon various individuals both capable and incapable of describing the sensations, or appreciating the phenomena, occasioned thereby.

* There were, in fact, in all, seven cases admitted under my care during the session. All recovered perfectly except one, who died of severe pneumonia, supervening on old disease of the right lung. Last winter there were twelve cases, who all made good recoveries.—W. T. G.

† The treatment here indicated in delirium tremens is similar in principle to that advocated by Dr. Ware, of Boston, in 1831, in a most able and philosophical sketch of the natural history of the disease, reprinted in the "British and Foreign Medical Review," vol. xviii., p. 608. My own convictions on the subject, however, were derived, not from Dr. Ware, but from the late Dr. Hood, of Kilmarnock, an excellent practitioner and most enlightened man, for whose opinion I had great respect, and who told me, more than ten years ago, of the great success of an expectant and tonic practice in his hands, in a most extensive and fruitful field for the observation of this disease. Dr. Peddie has brought together many important observations bearing on this subject, in his valuable memoir "On Delirium Tremens" published in 1854. Dr. Laycock is also an adherent of a practice substantially hygienic, and wrote a paper on the subject in the "Edinburgh Medical Journal" for 1858.—W. T. G.

The baths employed have varied in temperature from 98° to 104° Fahr.

Experiment 8.—Mr. E. D. T—— took a hot bath at the temperature of 98° Fahr. for 15 minutes. Before entering the bath his breathing was 16 a minute, the pulse 64. The following were the variations in pulse and respiration:—

In 2 minutes, pulse 72.
In 5 minutes, pulse 76, respiration 18.
In 10 minutes, pulse 80, respiration 17.
In 13 minutes, pulse 83, respiration 14.
In 15 minutes, pulse 84, respiration 15.

At *fourteen* minutes occasional deep inspirations were drawn.

In the 15 minutes that he was in the bath *the pulse* gradually rose from 64 to 84 pulsations, which also became *fuller* as he continued in the bath.

The respirations gradually became slighter as the bath was continued, not filling the chest so much as usual; hence at the end of the 13 minutes arose the necessity for the occasional deep inspirations. This kind of breathing appeared to arise from a *besoin de respirer*, for on my asking him his reason for so breathing he said it was not absolutely necessary, "but still it relieved him very much."

Exp. 9.—A woman with strangulated hernia was brought into St. George's Hospital in Nov. 1858. I employed the hot bath, and the taxis whilst she was in the bath for a minute or two, but ineffectually. (She was subsequently operated upon, —two hours and a half after,—the result being successful.)

Pulse before bath 100; respiration 18; temperature of bath 104° at first, subsequently 100°.

In 2 minutes, pulse 88, respiration 18.
In 4 minutes, pulse 100, respiration 18.
In 7 minutes, pulse 100, respiration 18.
In 9 minutes, pulse 100, respiration 20.
In 12 minutes, pulse 104, respiration 20.
In 15 minutes, pulse 108, respiration 16. Respiration not so free as before.
In 20 minutes, pulse 104, respiration 16.
In 22 minutes, pulse 106, respiration 13.
In 24 minutes, pulse 106, respiration 13. Felt very faint.
In 27 minutes, pulse 98.
In 29 minutes, pulse 80, respiration 16. Respiration very irregular, short, and with effort.
In 32 minutes, pulse 66, respiration 9. Still faint; pulse compressible, and occasionally intermitting; reduction attempted.
In 37 minutes, pulse 108, respiration 20.
In 39 minutes, pulse 104, respiration 16.
In 42 minutes, pulse 80, respiration 14. Pulse a little bounding.
In 45 minutes, pulse 104, respiration 14. Pulse strong and full, but still feels very faint.

She fainted directly the nurse took her out of the bath. When she was in bed, five minutes afterwards, the pulse was 80, the respiration 16.

In this case, then, it may be observed—

Firstly, concerning the pulse, that it was 100 before the bath was used; it rose to 106 and 108, at the same time becoming more full and strong; it was 104 and beating with force, although she felt faint when ordered to be taken from the bath; when in bed the pulsations were 80.

Secondly, as to the respiration: from being *eighteen* before the bath, it sank as low as *nine;* at first it became less full and free, then very irregular, and the inspirations were short in duration, and lastly they were made with effort.

Thirdly, the tendency to fainting occurred chiefly when the breathing was slower than at other times.

Exp. 10.—A lad, with a contracted knee, aged about thirteen, was placed in the hot bath, Nov. 13th, 1858, at half-past four P.M. His breathing was chiefly abdominal.

Temperature of bath 100° Fahr.; pulse, before bath, 96; respiration 24. They were counted several times for the sake of accuracy.

When in the bath from 1 to 2 minutes, pulse 88, respiration 32.
In 5 minutes, pulse 100, respiration 23.
In 10 minutes, pulse 100, respiration 20.
In 15 minutes, pulse 108, respiration 18.
In 20 minutes, pulse 120, respiration 16.
In 25 minutes, pulse 109, respiration 15. Water now cooler.
In 30 minutes, pulse 120, respiration 17. Heat of water increased.

The remarks made in my note-book at the time were:—

1. That the moment the lad entered the bath the respiration became excited—accelerated; whilst the heart, as if from the shock, was lowered.

2. That the hot bath had, in five minutes, not only brought the rapidity of breathing down again, but even lower than the normal; whilst it increased the frequency of the pulse.

3. The longer the bath was continued the greater seemed to be the cardiac stimulation. The rapidity of the pulse was increased, and its fulness and strength seemed greater at 25 minutes than at the time when the bath was commenced.

Exp. 11.—The following notes were taken on Nov. 7th, 1858, by Mr. Tomlinson and myself:—

A gentleman entered the hot bath, temperature about 100° Fahr. The pulse and respiration carefully examined previously were—pulse 48, respiration 18.

When in the bath 5 minutes, pulse 50, respiration 17.
In 8 minutes, pulse 54, respiration 17.
In 10 minutes, pulse 54, respiration 14.
In 15 minutes, pulse 66, respiration 13.
In 20 minutes, pulse 76, respiration 13.

The hot water was then gradually let out, and cold let in. Five minutes after the change of temperature to comparative cold was effected, the observations were—pulse 55, respiration 28; and in 10 minutes, pulse 48, respiration 17—that is to say, again about normal.

Exp. 12.—On the 9th of March, 1861, I noted the following phenomena whilst taking a hot bath at the temperature of 102°. Pulse 60 before entering bath:—

In 5 minutes, pulse 64, respiration 20.
In 8 minutes, pulse 72, respiration 12.
In 15 minutes, pulse 72, respiration 12.
In 20 minutes, pulse 77, respiration 10.
In 30 minutes, pulse 80, respiration 10 or 11.
Two minutes after out of bath, pulse 72, respiration 12.
The bath was taken 35 minutes altogether.
It is as well to note—
That each time the body was raised from the water a deep inspiration resulted.
That the respiration in 15 minutes became of a sighing character, then laboured, then irregularly deep and full, quick, and inefficient.
That a great tendency to sleep was felt at 20 minutes, when the skin was beginning to act freely.

Experiments 13 and 14.—The following observations were made by Mr. Jones (resident medical officer of St. George's Hospital) and myself on the 14th of April. In both cases the baths during the observations were about 100° Fahr., immersion being commenced with the water at 102° Fahr.:—

Exp. 13.—I quote the words of Mr. Jones's report in the following case, as he watched the effects upon the pulse, respiration, &c.

"Natural pulse 64, natural respiration 18, taken in the recumbent position, about half-past nine P.M.

Eleven P.M.: Went into the bath at the temperature of 102° Fahr.

In 2 minutes, pulse 60, complains of tightness of chest.
In 3 minutes, respiration 16.
In 4 minutes, pulse 70, slightly irregular, respiration sometimes very superficial, sometimes very deep.
In 6 minutes, respiration 12.
In 8 minutes, pulse 78, fuller, respiration 8.
In 9 minutes, face becoming moister, gave a deep sigh, which required great effort.
In 11 minutes, pulse 76, several superficial inspirations, followed by a deep one.
In 12 minutes, respiration 8, as above.
In 13 minutes, begins to sweat.
In 14 minutes, pulse 76, full, and now regular.
In 15 minutes, pulse 88, respiration 12.
In 16 minutes, pulse 88, respiration 10.
In 18 minutes, perspires profusely.
In 19 minutes, pulse 88.
In 20 minutes, pulse 80, respiration 8.
In 22 minutes, some cold water was now let in.
In 23 minutes, pulse 72, respiration 18, chest much relieved."

Exp. 14.—The same evening, the following observations were noted down concerning Mr. ——, at twenty minutes past ten P.M.:—

Natural pulse before bath 76, taken in the recumbent position, about half-past nine P.M.; natural respiration 18.
Temperature of bath to begin with, 102 Fahr.
Surface of skin dry on entering the bath.

In 1 minute, pulse 96.
In 3 minutes, pulse 98, respiration 20.
In 4 minutes, pulse 100; a deep sigh, accompanied by the following interjection, "There is no doubt about the oppression of the breathing."
In 5 minutes, pulse 100, skin dry.
In 6 minutes, pulse 108, respiration 18, drawn more deeply; stated that the respiration feels oppressed.
In 7 minutes, pulse 112, a deep inspiration, feels hot.
In 8 minutes, pulse 112, respiration 16.
In 10 minutes, pulse 112, sweating on face.
In 11 minutes, respiration 10.
In 12 minutes, pulse less full, 118.
In 13 minutes, respiration feeble, with occasional deep-drawn inspirations, very oppressed; sweating profusely on face.
In 14 minutes, pulse 112, respiration difficult to count or hear, for most part, but every now and then a deep inspiration.
In 15 minutes, ditto, ditto.
In 16 minutes, pulse 112, respiration 16, laboured breathing, face congested, sweating profusely.
In 20 minutes, pulse 120, respiration about 12, but very feeble. Directly after this some cold water was let in, which excited frequent deep inspirations and a great sense of relief.

The observations above detailed are *facts;* their import has now to be considered; they are food for deductions, for comment, and for rational hypotheses.

Three chief conclusions, independent of theory, are evident from a consideration of the foregoing facts. These are—

1st. That the hot bath was to each individual for a certain length of time *a cardiac excitant*, increasing—

a. The rate of action of the heart.
b. The force of the heart.
c. The volume of the pulse.

2ndly. Whilst at the same time it was *diminishing* the amount of respiration, as was evinced by—

a. Gradual diminution of the *rate of respiration.*
b. Increasing *irregularity* of ditto.
c. Progressive debility of ditto, which having become less efficient for the most part, it necessitated every now and then—
d. Deep voluntary inspirations "to give relief."

3rdly. One other point may here be alluded to. During the first two or three minutes the cardiac pulsations were not always increased, nor the respirations rendered slower; but a reverse effect was even produced—viz., that in some cases, depending more or less on the heat of the bath, the cardiac action was depressed, the respiratory action was increased, during the first two or three minutes—that is, whilst the first impressions from the warmth of the water lasted, and acted upon the system *by a kind of shock.*

But these pulmo-cardiac phenomena are only two of the various effects manifested upon the system by the hot bath; for there are also the effects upon the voluntary muscles and the brain, which must not be overlooked. These require notice before the nature of the inverse pulmo-cardiac result above observed is more particularly examined into.

(To be continued.)

ON A CASE OF EPILEPTIC PUERPERAL CONVULSIONS.

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THE following case is interesting from the fact of chloroform having exerted a marked influence in arresting the fits both during and after labour. I am unaware whether it has been administered for this purpose. The patient is now convalescent:—

Early on the morning of the 5th of February last, I was summoned to attend H. J——, aged eighteen, primipara in the eighth month of pregnancy. On my arrival, I was told that she had had several fits, the first one having occurred during her sleep, at about midnight. They had recurred about every hour, and, from their commencement, sensibility had not been established in the intervals.

I found my patient, a thick-set, short- and wide-necked girl, of a phlegmatic temperament. She was lying quiet in bed, breathing with a slight degree of stertor; appearance placid; pupils dilated, and only feebly contractile under the influence of light; insensibility seemed almost total, and the power of deglutition was lost. Pulse 80, feeble. After I had been in the room about five minutes, she began to be restless, moving her arms and legs about; in a few minutes more a fit supervened. The head was drawn on one side, the tongue protruded, the teeth closed, foam issued from the mouth, the eyes rotated strongly upwards, and all the limbs moved with great violence and rapidity. This continued for the space of four or five minutes, and was succeeded by the angle of the mouth being drawn down on one side (the tongue still protruded), and the right arm frequently jerked. Respiration stertorous and very laboured, the alæ nasi being closed at each inspiration. In about eight minutes from the commencement of the fit the movement of the arm ceased, and the respiration became less laboured, but accompanied by a great amount of stertor. On making a vaginal examination, the os uteri was found undilated, but somewhat dilatable; the presentation natural. There did not seem much appearance of labour coming on. Notwithstanding that the hair was cut off closely, and cold water applied to the head, and cataplasms to the legs, a purgative enema administered, &c., the fits recurred with greater frequency, and became more violent, the stertor being still greater in the intervals, and the insensibility total.

On consultation with my friend Mr. Whyte, it was determined to try the effect of venesection. On account of the feebleness of the pulse only about ten ounces were drawn, the quickness and feebleness being somewhat increased. A blister was applied to the nape of the neck, but no diminution occurred in the symptoms—in fact they were aggravated.

At six o'clock another consultation was held, the condition of the patient being apparently desperate. The fits were occurring every quarter of an hour, and were extremely violent. The respiration in the intervals was effected with the greatest difficulty; indeed, in the state she then was it seemed both to Mr. Whyte and myself impossible for her to exist more than two or three hours. As labour had somewhat advanced, the os uteri being nearly the size of a half-crown and very dilatable, it was determined to deliver artificially; but on account of the violence and frequency of the fits we also determined to use chloroform cautiously ere doing anything. I placed half a drachm in the inhaler and held it to the face; the air was drawn in with so much violence that in half a minute considerable effect was produced, the pulse being scarcely perceptible, and catching of the breath occurring, which caused us some alarm. We were neither of us prepared for the most favourable effect which afterwards, however, ensued, as in ten minutes from the application of the chloroform the stertor was much diminished, the pupils became somewhat under the influence of light, and our patient was lying as placid as when I saw her in the morning; she had not breathed so easily, indeed, since the commencement of the fits. In addition to these good effects, labour advanced with regularity, and by applying the forceps it was completed in the space of about half an hour, only one fit occurring during the time, for which the chloroform was again applied with good effect. Hour-glass contraction occurred, which rendered it necessary to introduce the hand to remove the placenta.

Having remained an hour afterwards with my patient, and no fit occurring, I left, desiring to be sent for in the event of an unfavourable change. Shortly after my leaving a severe fit again came on, and in an hour's time another. When I reached her (about three hours after delivery) I found the stertorous breathing as bad as ever. Another severe fit shortly supervening, I again administered chloroform, after which the breathing was tranquillized and no fit occurred for some time. Once afterwards chloroform was again given with apparently equally good effect, and after this only one slight fit occurred.

Feb. 6th.—Eight A.M.: Has had no fit since three A.M.; at that time there was a slight one. Is lying quite still, breathing stertorously. Pupils widely dilated, uninfluenced by light; pulse feeble. Any liquid placed in the mouth is not swallowed. Half a pint of beef-tea with two ounces of brandy was injected into the rectum and retained.—Two P.M.: In much the same condition as this morning, but the pupils have a tendency to act. Repeat enema.—Six P.M.: The stertor is diminished, and the pupils act sluggishly. She is still insensible to irritation by pinching, &c.—Eleven P.M.: The pupils act better. Repeat enema.

7th.—This morning there is evident tendency to sensibility. She does not breathe stertorously; opens her eyes and gazes about the apartment, &c. At about midday, a question ad-

dressed by me to her met with a faint response. Deglutition was at first performed with very great difficulty, but after a few hours she managed to take beef-tea with brandy, and other nourishment, with evident advantage. She did not sleep during the next night; and as on the following day delirium was present, a full opiate was given, which caused several hours' sleep, on awaking from which all delirium ceased.

14th.—Has gone on well till to-day. Complains that she feels as if the fits were coming on; is much depressed. A mixture of chloric ether, compound spirit of ammonia, and valerian removed these symptoms.

28th.—Is convalescing satisfactorily.

East Grinstead, April, 1861.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Procemium.

KING'S COLLEGE HOSPITAL.

OPERATIONS UPON THE MOUTH AND THROAT IN FOUR CASES.

(Under the care of Mr. FERGUSSON.)

THE student had an opportunity, on the 20th ult., of seeing several operations performed at this hospital on the mouth and throat, for the remedy of some of the peculiarities of these parts which he is likely to encounter in practice.

A little child was treated for hare-lip in the ordinary manner, by paring the edges of the fissure and bringing them together by pins.

A girl, aged nine or ten years, underwent excision of the tonsil for hypertrophy of that gland. Mr. Fergusson put in practice the method he ordinarily adopts,—that of laying hold of it with a pair of long forceps (or sometimes with a vulsellum), and cutting it off with a curved probe-pointed bistoury, making the requisite incision between the claws of the forceps and the pharynx. There was a little bleeding, which very soon ceased, by contact with the air and a little cold water. Although the tonsillotome is preferred by some surgeons, on account of the greater rapidity with which the enlarged tonsil can be removed by it, we have seen cases in which a considerable time has elapsed before the instrument could be properly applied; and even then, after application, its withdrawal has failed to bring away the tonsil with it. Nothing can be more simple and expeditious than the mode of excision practised by Mr. Fergusson, which never requires a second operation.

A young man then entered the theatre with a fissure extending through the soft palate and a small portion of the hard palate. Staphyloraphy was performed with complete success. There was at first a little more sensitiveness of the parts than is usually witnessed in these deformities, but it soon passed away, and the operation was readily completed. We recollect the case of a girl upon whom staphyloraphy was performed by Mr. Fergusson, on the 1st December last, for cleft palate. She had previously been operated upon for hare-lip. On the occasion now referred to, however, she evinced astonishing moral and physical courage, for during the entire time she scarcely stirred; and the operation was finished in the most satisfactory manner, and a cure resulted. This was the ninetieth case of staphyloraphy performed by Mr. Fergusson, and out of that large number three only proved unsuccessful, as we heard him state in January; and that was not the fault of the operation itself.

The fourth case was a boy aged ten years, in whom there was loss of substance of the left side of the lower lip near the angle, with adhesion of the lip to the gums, and exposure of the gums and teeth, the result of a former attack of cancrum oris. The deformity was not only unsightly, but gave rise to more or less constant slobbering. It was remedied by a sort of plastic operation, which consisted in the paring of the edges of the cicatrized part, loosening the adhesions between the chin and gums, and making an incision through the left part of the chin to relieve any traction, as well as to permit of the elevation of the left lower lip. The semicircular wound thus made was closed with hare-lip pins. If nothing occur to prevent union of the parts, the deformity will be much lessened, and the inconvenience of slobbering wholly obviated. This operation was done under the influence of chloroform.

Mr. Fergusson next proceeded to remove a very large tumour from the left loin of an elderly man, which had all the physical characters of a fatty growth; but on careful examination it was found to be an example of colloid disease, no doubt originating in a fatty tumour, as a part of the latter was quite apparent in one part of it. The particulars of this interesting case we shall give on another occasion.

ST. GEORGE'S HOSPITAL.

FRACTURE OF THE RIBS, PELVIS, AND SKULL; LACERATION OF THE BRAIN; FATAL RESULT.

(Under the care of Mr. CUTLER.)

JOHN C——, aged fifty-one, was admitted on March 21st, 1861, at ten A.M., with fracture of the skull and other injuries, from which he died at four P.M. Before admission he fell from a scaffold twenty feet high, and at once became insensible; he had stertorous breathing, with the characteristic whiffing.

At the autopsy, twenty-one hours after death, the body was found to be in good condition. There was no scalp wound. A considerable quantity of blood was contained in the scalp covering the seat of fracture of the right side of the skull, just at the outer part of the middle and posterior fossæ. Starting from behind, the fracture commenced by a branch running into the foramen magnum. In front of this were two large oval, loose portions of the occipital bone, of which the lower angle of the posterior was somewhat elevated, while the anterior (which trenched on the parietal) was slightly depressed. In front of this the parietal and squamous portions of the temporal were much comminuted, the fracture taking a generally horizontal direction towards the sphenoidal fissure, but appearing to terminate short of that point. The tympanum contained a little blood, but the membrana tympani and the chain of bones were uninjured. There was no blood between the bone and dura mater. The dura mater was lacerated in two places—viz., by a small thorn-like projection from the fractured occipital bone, which had produced a slight puncture, and by the comminuted pieces of the parietal and temporal, where there was a horizontal rent two inches long, and corresponding to a similar laceration, to no great depth, of the middle lobe of the brain below. There was a good deal of fluid blood in the arachnoid on the left side, clotted blood in the pia mater over various parts of the brain, and some bloody fluid in the lateral ventricles, but no other distinct lesion besides that already noticed in the brain. The heart was very flaccid; the mitral valve atheromatous. The blood was generally fluid. There were a few old adhesions and a small quantity of blood in the left pleura. The right pleura was firmly adherent. There was a patch of extravasation at the back of the left lung, otherwise the lungs were uninjured. On the left side the two upper ribs were fractured near their cartilages and angles. On the right side the third to the eleventh inclusive were fractured near their cartilages, and the fourth to the ninth inclusive near their angles. On the first rib, near its junction with the sternum, an irregular deposit of bone was found on both upper and under surfaces, and on making a section there was a mark as of an old fracture. There was some blood in the peritoneal cavity, and very extensive ecchymosis in the sub-peritoneal tissue both in front and behind. All the organs of the abdomen were healthy and uninjured, but there was slight ecchymosis in the substance of both kidneys. The blood had proceeded from a fracture of the ala of the right ilium, which divided it into three pieces. Bladder sound.

FRACTURE OF THE RIBS; BRONCHITIS; DISEASED KIDNEYS AND HYPERTROPHY OF THE HEART; FATAL RESULT.

(Under the care of Mr. CUTLER.)

William B——, aged sixty-two, was admitted on the 26th of February, 1861, with fractured ribs and other injuries of the

body, the result of a fall down a flight of stairs, of which he died on the evening of the 2nd of March. At the autopsy, thirty-nine hours after death, the body was observed to be in good condition. The sternal end of the left clavicle was very prominent. On examination, the joint was found to present the appearance of chronic arthritis, the head of the bone, as well as the cavity on the sternum, being much enlarged, the interarticular cartilage partly absorbed, and the osseous structure exposed and polished. The opposite joint presented the same appearances, but was not in so advanced a condition. A small portion of new bone was found near this joint on the (ossified) cartilage of the first rib. The sixth, seventh, eighth, ninth, and tenth ribs, on the right side, were fractured near their angles, and the posterior fragment of the seventh had perforated the pleura, which contained some bloody fluid and a good deal of air. The latter, however, must have been a product of decomposition, since the lung was uninjured. The bronchial tubes throughout both lungs were reddened and full of purulent fluid, and the lungs emphysematous at their edges. The heart was very large, weighing more than twenty-four ounces. This was due to enormous hypertrophy of the left ventricle. The valves were healthy. The kidneys were atrophied, their cortical structure very thin, their surface rough, cicatrized, and highly granular.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

PHTHISIS, ASSOCIATED WITH CEREBRAL SYMPTOMS; FATAL RESULT. AUTOPSY: TUBERCLE IN THE CEREBELLUM.

(Under the care of Dr. COTTON.)

THE notes of the following very interesting case were taken by Dr. Footman, resident clinical assistant:—

J. M——, aged twenty-eight, gentleman's servant, admitted on the 29th of November, 1860. He had been suffering under ordinary chronic phthisis for seven months. At the time of admission there was much cough, with purulent sputa occasionally tinged with blood, together with night-sweats and emaciation. Pulse about 90; tongue furred. The physical signs were indicative of a considerable cavity and much tubercular deposit in the right lung. At the apex there were cavernous breathing and rhonchus, and abundant subcrepitant râles throughout the rest of the lung. No improvement seemed to follow any kind of treatment; the cough became worse, the strength less, and the emaciation more evident.

On the 23rd of March, 1861, the patient complained of headache, unattended with gastric disturbance, uninfluenced by change of posture, and of wearying and continuous character. The tongue was moist; the pulse 80, and full, and there were no symptoms of pyrexia. Until the end of the fourth day from the outset of headache, he suffered continuously, and had little or no sleep, but he was quite sensible.

On the fifth day (March 29th), vomiting took place, the headache increased, the patient became alternately restless and lethargic, and complained of cramps in the lower extremities. Both legs were numb; there was deafness of the left ear; the pupils were large, sluggish, but equal; the pulse was 80, soft and regular. These symptoms gradually increased until April 2nd, when the pulse was only 64, and irregular; the pupils rather contracted; the skin hot and dry; and slight delirium presented itself.

The following day the patient became unconscious, the respiration stertorous, and the case terminated. A few hours before death the mouth was drawn to the right side, and the left eyelid was raised with more difficulty than the right.

The autopsy, which took place thirty-six hours after death, revealed a large vomica at the summit of, and a considerable amount of tubercle in, the right lung. The membranes of the brain were somewhat opaque and highly congested; and upon the pia mater at the base of the organ were a few minute and scattered tubercular granules. The cerebral substance itself was soft, and presented on section numerous red points; and a considerable quantity of clear serum escaped from each ventricle. In the right lobe of the cerebellum, at the junction of the white with the grey matter, was a tubercular mass, about the size of a small hazel-nut, of the consistence of firm cheese, and of a yellowish-green colour; the surrounding substance of the cerebellum seeming to be unaffected.

This case, it will be observed, presented chiefly the symptoms of cerebritis—a termination of consumption of unfrequent occurrence, but when it happens it is generally if not invariably fatal, and associated with tubercular deposit either upon or within the brain. Although Carswell, Cruveilhier, Louis, and others have described tubercle as occurring in the cerebellum, it is, we believe, singularly rare. Dr. Cotton informs us that the present case is the only instance in which it has fallen under his observation; and that, altogether, only three other cases of tuberculosis of the brain or membranes have occurred amongst his own in-patients at the hospital, in two of which the deposit was found within the brain itself, and in the third upon the pia mater.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, APRIL 23RD, 1861.

DR. BARNINGTON, PRESIDENT, IN THE CHAIR.

ON THE TRUE NATURE AND ABSOLUTE PREVENTABILITY OF TUBERCULAR CONSUMPTION.

BY HENRY M'CORMAC, M.D.,
CONSULTING PHYSICIAN TO THE BELFAST HOSPITAL.

THIS paper, which was of considerable length, set forth the foregoing thesis, and wound up with some comments on the ravages of consumption and scrofula, which, the author asserted, follow entirely from the respiration of a befouled and impure atmosphere; for this, he said, was the *causa sine qua non*, without which consumption or scrofula there could not be. An imperfect hæmatosis, deficient aëration of the blood, insufficient oxidation of the tissue-waste, were the conditions short of which tubercle was simply impossible. Consumption and scrofula were as purely artificial and as entirely avoidable as poisoning by arsenic or corrosive sublimate. There need not be either of them if men will. The air by day, if possible, and assuredly by night, should be as pure as that which traverses the hill-top or is washed by the sea-wave. He would as soon send an infant to sleep in a cellar as in an airless nursery; and he considered that there could be no immunity from the twofold scourge of phthisis and scrofula until medical practice and popular conviction concur alike as to the indispensableness of fresh, untainted air.

Dr. CHAMBERS characterized the reading of the paper as a waste of time. It simply stated that close rooms, foul air, and other injurious influences, favoured the production of consumption. All knew this before, and it was waste of time to enlarge upon a truism.

Dr. O'CONNOR inquired whether the paper had been referred to a committee previous to its being read to the Society.

Dr. TANNER said that it would be desirable that the fellows should be made acquainted with the papers to be read on certain evenings. He had expected that a paper would have been read from the pen of Mr. Birkett, or he certainly should not have attended. Dr. M'Cormac's views on the subject of phthisis were well known, and were more than five hundred years old. He had advanced no facts in support of his theory, and he (Dr. Tanner) contended that the Society had wasted its time in listening to the statements which had been made. It was not to be wondered at that the Society's meeting-room was empty, if such papers were submitted to the consideration of the fellows.

Dr. LITTLE said he must press the question as to whether the paper had been referred to a committee. The Society ought to be protected against the reading of such productions.

The PRESIDENT said it was not the custom of the Society to refer papers previous to their being read. It was not competent to the members to discuss any question which did not relate to the paper before them.

Mr. ASHTON concluded that the Society refused to pass a vote of thanks to Dr. M'Cormac. (Hear.)

ON A PREVIOUSLY UNOBSERVED PREVENTABLE CAUSE OF IDIOCY, IMBECILITY, AND THE ALLIED AFFECTIONS.

BY THOMAS BALLARD, M.R.C.S. ENG., L.S.A.

The deplorable condition, idiocy, is neither limited to locality nor to any rank of society. The two most recent writers on the subject, Dr. Howe, of Massachusetts, and Dr. Morel, of

Rouen, attribute it to certain defects, either moral or physical, on the part of the parents; but neither of these theories, nor the more popular one of intermarriage with near relations, seems to afford a satisfactory explanation of its production.

Dr. Guggenbühl, whose experience at the Abendberg is said to have rendered him the greatest existing authority on the subject, has stated the result of his observations to be "that the debased mental and physical condition termed cretinism consists in an affection of the cerebro-spinal system—most probably cerebral œdema; and is associated with rickets, hydrocephalus, and other scrofulous manifestations." He denies the hereditary tendency to it, and regards it as exclusively a local phenomenon fostered by certain exciting causes which are in operation during the first three years of life. Dr. Guggenbühl seems not to have ascertained what these causes are.

The author had arrived at similar conclusions respecting the interdependence of these various morbid phenomena; the object of the present communication being to direct attention to the cause which he believes to be principally engaged in producing them. In a work which he had recently published, entitled "A New and Rational Explanation of the Diseases peculiar to Infants and Mothers," it was shown that "the exercise of the instinctive act of sucking under circumstances unfavourable to the infant obtaining food is a principal source of disease to infants and puerperal women;" the result of this fruitless sucking being an excessive reflex secretion of gastric and intestinal juices, which corrode and soften the mucous coat of the intestinal canal, thus severely injuring the digestive powers, and consequently preventing the proper growth and nutrition of the various tissues of the body. The frequent and green stools which sucking infants so frequently are the subjects of are the evidence of this process of injury to the intestinal canal being in operation. And thus *fruitless sucking* becomes the chief cause of the developmental diseases of infants and children, and especially of the very pathological conditions which Dr. Guggenbühl has observed to be associated with cretinism.

The author has observed that idiocy is a condition involving many of these morbid phenomena. The histories of all the cases are similar. They have suffered in infancy persistent diarrhœa, succeeded by fits or some form of convulsive disease. A large majority of them bear evidence of long-continued *retained habits* of fruitless sucking in the deformity of the jaws, which is caused by some portion of the hand being placed in the mouth for the purpose of sucking it at a period of life when the bones were soft enough to yield to its pressure. The upper jaw is either forced forward, thus causing the upper teeth to project; or the lower jaw is drawn forward in advance of the upper, constituting the deformity known as "underhung." Sometimes the jaws are not deformed, yet the condition of idiocy is extreme: in such cases either the whole mischief has occurred very early in life, so as to blight the growth of the brain, thus producing an idiot with a small head; or the habit of *fruitless sucking* has been continued under the form of "tongue-sucking." These latter cases add much weight to the present explanation, because the effect upon the intestinal canal is still maintained, the subjects of it having loose evacuations from the bowels, particularly during the night, and the habit being especially practised when in bed. They constitute many of the "dirty patients" in asylums. In addition to the deformity of the jaws, the defective condition of the incisor teeth is another evidence of fruitless sucking stamped upon the idiot; it results from the irritation to which the corresponding portion of the mucous membrane of the mouth is subjected during their development.

The sources of fruitless sucking to which infants are very frequently subjected, and from which the *retained habits* above mentioned are acquired, are three in number—namely,

1. The mother's breast, when it does not yield as much milk as the infant requires.

2. The "sugar teat," which is frequently placed in the child's mouth by the nurse to keep it quiet. This is probably much practised on the continent, where idiocy is very common.

3. The prevalent custom of feeding infants through artificial teats which collapse under the pressure which is necessarily exercised upon them in the act of sucking.

The author then repeated his conviction, that the various forms of convulsive disorders of infants are not dependent upon eccentric causes—such as teething and worms, but that they are really the evidence of cerebral disease, in all probability some degree of œdema, giving rise to congestion and pressure; and that their treatment by hot baths, emetics, purgatives, lancing the gums, &c., is not the most conducive to a perfect recovery. The only effectual mode of treatment is to abstract blood, either by leeches applied to the temple, or from the external jugular vein by venesection, according to the urgency of the symptoms. To the neglect of this plan of treatment many cases of idiocy and of death are attributable. If *fruitless sucking* is arrested, and the head symptoms are thus treated, cases of threatened idiocy may be averted. The most important indication for the abstraction of blood is the occurrence of vomiting, especially during sleep; much mischief occurs to children, and many feeble intellects result, from the wrong interpretation of this symptom. The fundamental and most important point is to direct the attention of parents to the *mode* of administration of food. The kind of food best adapted for infants is sufficiently obvious. If the infant can obtain its food without excessive sucking, it is not subject to diarrhœa, growth and development progress properly, fits and convulsions do not occur, and habits of fruitless sucking are not acquired. The author believes that if this point could be generally understood, not only would the Registrar-General's reports show a great diminution of infantile mortality, but the physical and mental development of future generations would be much improved.

Some plaster models of mouths were exhibited to illustrate the deformities alluded to; and twenty cases bearing on the various points touched upon in the paper, were given in detail.

Dr. DOWN was connected with an institution which contained 300 or 400 idiots. Thumb-sucking, save amongst young children, was never observed. This fact was in direct contradiction to the statement of Mr. Ballard. He mentioned a case in which there were two idiots in a family of three. The two eldest were idiots; the one sucked its thumb, the other did not. The third was a thumb-sucker, but was very precocious, and showed no signs of idiocy. The eldest child died last week, and sufficient lesion of the brain was found to account for the idiocy and death. There was a deficient state of the corpus callosum and the fornix. He then related some cases to show that thumb-sucking was not a cause of idiocy. He further remarked that the deformities connected with idiocy could not by any mode of reasoning be associated with "fruitless sucking." These deformities often amounted to a very grave deficiency of organization, such as cleft palate, cleft uvula, &c.

The PRESIDENT stated that the author of the paper had only mentioned "fruitless sucking" as one of the causes of imperfect development of the lower jaw. But that cause was hardly adequate to produce the grave effects mentioned by the last speaker.

Dr. TANNER remarked that if thumb-sucking were the cause of idiocy, it was astonishing that that condition was not more general. Thumb-sucking might occasionally be useful to the infant. With respect to the treatment of convulsions, he would ask Mr. Ballard how it was that lancing the gums during dentition, and the removal of worms by judicious purgation, so frequently removed the cause of the convulsive seizures?

Dr. LITTLE said that the causes of idiocy were often dependent upon congenital deficiency of the brain, but might arise from causes occurring at any period of life. He agreed, however, with Mr. Ballard, that where children were starved by what the author had called thumb-sucking, such debility might follow from diarrhœa that idiocy might supervene. He differed with respect to the treatment of convulsions in infants, and contended that the old system of the abstraction of blood, and the employment of other antiphlogistic remedies, was attended with less beneficial results than the more modern one of general support. There was no doubt, however, that when the circulation in the brain was mechanically interfered with, loss of blood might occasionally be useful.

Mr. BALLARD, in reply, said that Dr. Down had somewhat misunderstood the purport of his remarks. He did not intend to assert that thumb-sucking was the only cause of idiocy. In some children the idiocy might be congenital, whilst in others it was acquired. What he wished to impress on the Society was, that the diarrhœa which existed in ill-nourished children might lead to the disease, and that the habit of "fruitless sucking" produced the diarrhœa. To this he attributed the defective nutrition of the brain, the condition on which idiocy seemed to depend. His opinion in this respect, both as regards idiots and cretins, agreed with that of Dr. Guggenbühl, who attributed many of the cases of disease to this cause. With regard to the treatment of convulsions, he merely wished to inculcate the necessity of the employment of bleeding in those cases of convulsive seizure which were preceded by vomiting. He referred the great mortality amongst infants in Germany to the prevalent use of the sugar-teat.

MEDICAL SOCIETY OF LONDON.

Monday, April 15th, 1861.

Mr. Coulson, President.

Mr. Price read a paper, entitled,

CONGENITAL PHIMOSIS, CONSIDERED AS A FREQUENT CAUSE OF IRRITATION OF THE URINARY ORGANS OF YOUNG CHILDREN, AND THE IMPORTANCE OF ITS EARLY RECOGNITION AND REMOVAL.

The author first alluded to the normal construction of the preputial and glandular portions of the penis, and then stated that one of the most common deviations therefrom consisted in an undue prolongation of the prepuce, adhesion of the mucous membrane of this structure to the glans, and the retention of a quantity of secretion from the odoriferous glands around the corona glandis. Such a condition is termed phimosis, and might be either congenital or induced. He intended, however, strictly to confine his remarks to the congenital form, and to show that such a malformation proves a very frequent cause of genito-urinary disturbance in male infants and boys. Congenital phimosis, although a very common condition, is one which does not always attract the notice of the surgeon, and lead him to the correct appreciation of the true cause of various urinary complaints in infant life. Sir Charles Bell, Mr. Guthrie, and other well-known writers on Diseases of the Urinary Organs, had failed to allude to congenital phimosis as the cause of certain urethral and bladder affections in the young.

Latterly, however, greater consideration had been paid to the subject; but still it was one which had not attracted the attention it deserved.

The author then proceeded to detail the most common results which follow in infants and boys from congenital phimosis, and stated that they might be enumerated under five distinct heads:

1st. A preputial obstruction to the flow of urine, and its more or less permanent retention.

2nd. Constant irritation of the glans penis and urethra.

3rd. Vesical irritation, accompanied by incontinence or retention of urine.

4th. Hypertrophy of the muscular coat of the bladder, associated with symptoms bearing a close analogy to those of catarrh and calculus vesicæ.

5th. Pain and swelling of the testicle.

Each one of these conditions was illustrated by a series of cases, which tended to prove that the abnormal conformation of the prepuce is a much more common cause of urinary and genital affections than is generally believed.

The author dwelt at some length on the great similitude between the symptoms caused by a tight congenital phimosis and those induced by the presence of a stone in the bladder, and quoted two instances to illustrate the serious mistake into which the surgeon might fall, by not obtaining a clear indication of the existence of a calculus prior to submitting a young patient, suffering from all the symptoms attending the presence of a stone, to the operation of lithotomy. With the usual description of congenital phimosis the author was disposed to find fault. It was generally stated, that "the unnatural narrowing of the prepuce, so that it cannot be readily retracted over the glans penis," constitutes the condition termed phimosis. True phimosis, however, consisted of something more than this; for besides the mere elongation of the foreskin, and its unnatural narrowing, there usually existed firm mechanical adhesion between the preputial mucous membrane and the glans penis, whereby the foreskin could not be retracted, and a quantity of the secretion of Tyson's glands became pent up without the least chance of escape. In fact, the author believed that it was this latter condition of parts which formed the chief or sole cause of genito-urinary disturbance. Such being the usual condition constituting congenital phimosis, it was evident that some of the operative measures generally advocated for the removal of the malformation are, to say the least, inefficient. It had been suggested by more than one surgeon, that a mere division of the mucous membrane of the prepuce was sufficient, and to effect this, it was proposed to divide the structure subcutaneously, by passing a thin bladder-knife through the preputial orifice. Such a plan might suffice if the mucous membrane remained non-adherent to the glans; but in congenital phimosis of young children, the author believed that in the majority of instances such was not the case. Many cases were quoted, showing that an inefficient operation was only fraught with temporary relief, and that after the lapse of even a short period, the unnatural state of parts returned. The author stated, that as he was in the habit of performing the operation for phimosis somewhat differently to most surgeons, he would briefly detail the method he employed. In young children he usually advised the exhibition of chloroform, as much pain was not only thereby avoided, but it was exceedingly difficult, otherwise, neatly to finish the operation, owing to the contortions into which the little patient generally twisted his body. The prepuce being put on the stretch, so as to remove the orifice as far from the glans penis as possible, the blunt-pointed blade of a pair of scissors is passed through the preputial orifice to the distance of about a quarter or half an inch towards the corona glandis, and the prepuce divided through its upper surface. This will allow the glans to be seen, covered, in all probability, especially if the phimosis be congenital, by the mucous membrane of the foreskin, which will be found more or less tightly adherent to the glans. Laying aside the scissors, this adhesion is to be separated by somewhat forcibly retracting the back portion of the prepuce, and by means of the thumb-nail breaking through such points of union as may be more than usually firm. Around the fossa in front of the corona glandis will generally be found small patches, or masses, of hardened and otherwise altered secretion of the odoriferous glands. These being removed, the scissors must be again employed, and such portions of the redundant skin and mucous membrane cut away as will allow of the glans penis, after the edges of the wound are united, remaining uncovered. In removing the necessary portions of integument, the author generally contrives, by shaping the incision somewhat obliquely from above downwards, to avoid wounding the artery of the frænum, whereby there is little risk of secondary hæmorrhage and infiltration of the loose tissue with blood—a result which he has frequently known prove troublesome, and for a considerable time retard the healing process. If, however, it be desirable to loosen the connexion of the mucous membrane with the glans at that part which is called the frænum, instead of dividing the little artery which runs in this direction, it is better to separate, with the scissors, the union of the frænum with the glans immediately in the line of junction, by which means the course of the vessel will be avoided. Mr. Price, although some surgeons do not follow the practice, is in the habit of keeping the mucous and cutaneous surfaces in contact by sutures, unless the patient on whom the operation is performed be very young. Sutures of the very finest silk are to be preferred to those in ordinary use, and made either of the same material or of metal, as they cause less irritation, and do not need removal before their destruction has been effected, in the course of a few days, by reason of the contact of the healing or other discharge. To prevent the urine, for the first few hours after the operation, from excoriating the edges of the wound, it is advisable to smear them with oil or cerate. In performing such an operation, less danger will be run of wounding the glans penis—a result which the author has known to occur when the bistoury has been used. It must be recollected, that to obtain complete relief from a congenital phimosis, a mere slitting up of the elongated prepuce will not generally suffice; but a certain portion of the mucous membrane and cutaneous tissues must be removed.

EPIDEMIOLOGICAL SOCIETY.

Monday, April 8th, 1861.

Dr. Babington, President, in the Chair.

A paper by Dr. W. R. E. Smart, Deputy Inspector-General of the Royal Naval Hospital, Bermuda, formerly in charge of the R. N. Hospital, Hong Kong, was read by Dr. M'William,

ON THE CLIMATOLOGY, TOPOGRAPHY, AND DISEASES OF HONG KONG AND THE CANTON RIVER STATION.

Part I. Climatology and Topography.—The author commenced by stating that he was desirous to bring under the notice of the Society the result of his observation during service in the Royal Naval Hospital, Hong Kong, from May, 1857, to July, 1859. Considering that the medical records of an establishment dating from the early days of that colony would repay a thorough inquiry, by elucidating many obscurities and clearing away errors from our etiology, he undertook an investigation, which he was unable to render as complete as he had proposed, owing to his recall to England on promotion. The investigation was retrospective from June, 1859, to June, 1846, nearly as far back as the period of Dr. John Wilson's "Medical

Notes on China," which were founded on his experience in the same hospital. The meteorological deductions were made by Dr. Smart from the monthly records kept in the office of the Royal Engineers, access to which was courteously afforded to him by Col. Mann, of that scientific corps. A similar series of observations was also made in the Hospital Ship by the author in conjunction with Mr. Henry Fegan, assistant-surgeon, a most diligent and accurate observer. This was, however, interrupted by Dr. Smart's departure just as it had begun to be of great interest, as proving the difference of temperature and of air currents on the broad harbour and in the town situate at the base of a high-peaked hill, and showing the advantage of a floating over a shore hospital on that station.

Atmospheric pressure.—Elevation of the mercurial column takes place during the cool dry season of the north-east monsoon; and a corresponding depression occurs in the hot, moist, and electrical season of the south monsoon. The highest monthly average is that of January, from which there is a gradual descent, accelerated in April, until the lowest degree of pressure is reached in August, about the middle of the south monsoon, when it again begins to rise rapidly and uniformly. Thus the maximum and minimum of atmospherical pressure correspond with the height of each monsoon, and not with the variable tempestuous seasons of the changes; the pressure being about medium when these changes occur. The diurnal atmospheric wave is double—the major being at its highest from nine to ten A.M., and the minor from about ten P.M. to midnight; the lowest reading between the waves being about four A.M. and four P.M.

Atmospheric temperature.—The mean annual temperature, exceeding 73° Fahr., defines the meteorological position of Hong Kong as within the limit of the first isothermal or tropical zone, corresponding with its geographical position in 22° 16' 10" north latitude. Lying thus close on the tropic of Cancer, it has not the double succession of seasons that characterize positions nearer the equator. Its summer and winter seasons are well contrasted for its geographical position; but, owing to the prevailing winds of summer, the temperature at that season does not rise so high as at Shanghae, in lat. 31° 10' north, where the thermometric range is greater. At Hong Kong, in the six years' period of the tables appended to the paper, the highest temperature noted was 94°·5 Fahr., and the lowest 39°, showing a range of 55°·5. The means of the highest and lowest notations of six successive years give a mean range of 46°·5. The mean mensual range of the coldest month, January, and the hottest, July, is 33°·5, which is much in excess of that of the same latitude in India. This climatic feature is appreciated by the residents as highly invigorative of the system, relaxed and debilitated by the moist heat of the summer months, and doubtless it is so to all who avoid exposure and excess. From November to April inclusive the mean temperature scarcely exceeds 70°, and falls but little below 60°. The greatest cold is in January and February. From the middle of May the mean temperature rises much, and from June to September inclusive it exceeds 80°. July is the hottest month, its mean temperature of the six years having been 86°·25, and the lowest mean 80°·6. The seasons may then be divided as follows:—The cool and dry, January, February, and March; the heating and damp, April and May; the hot and wet, June, July, August, and September; the cooling, October, November, and December. Regarded simply as a meteorological fact, the range of temperature in this climate may seem of minor importance; but it is far from being so in a sanitary point of view. Under a high temperature, vital force is less able to endure sudden chills than in the temperate zones. Our soldiers and sailors often cannot avoid exposure on duty, and the obvious indication in such circumstances is that they should be provided with warm clothing, and fortified with the stimulus of warm food and drinks *during the night and towards dawn.* By routine we crowd the aliment of our men into a few hours before and after midday, by which the system is left without support when most urgently demanded to ward off the depressing influence of climate.

The temperature of the sun's rays, observed Dr. Smart, is an important agent in the causation of tropical diseases. So far as the observations in the tables go, they show the lowest mean of 91° in March; ascending to 120°, the maximum mean, in August; and then descending to a medium stage of 105°, persistent, in November, December, and January; after which a second descent goes on till the minimum is attained in March. The mean of the sun's heat is low, owing to the cloudiness of the sky at that season; and the high mean of November, December, and January is dependent upon the opposite condition of the sky during these months.

Rain-fall.—The mean annual fall of rain (93·18 inches in 111 days) is quite enough to characterize the climate as a wet one, even if it were distributed equally through the twelve months. By far the greatest amount of rain and all the heavy falls are, during the strength of the south monsoon, from June to September inclusive; but more than an average quantity falls also during the variable winds at the change of the monsoon. In the north monsoon, from November to March inclusive, there is only a small precipitation in gentle showers, and it may then happen that scarcely any rain falls for months together; contrasting strongly with the summer months, when it often pours down in torrents, destroying houses, bridges, and roads. In discussing the influence of the rainy season on health, Dr. Smart remarked that the malarious agencies of the Canton river are very generally attributed to the extensive rice cultivations known as the "Paddy Fields," extending mile after mile, in swamps, for many months of the year, as the rice crop, to be successful, requires much irrigation. The land produces two crops of this cereal annually; the seed-times being in March and late in July, and the harvests falling early in July and early in November, each crop requiring about three clear months. Very careful tillage is observed. The soil is ploughed and harrowed when inundated, and then drained to receive the young plants from the nursery beds. The soil is kept always sodden and sometimes inundated until the plant shows signs of ripening, when it undergoes a thorough drainage for the harvest, and remains dry until the ploughing for the next crop has to be done. In this course of tillage the rice grounds are swamps from the middle of March to the middle of June, and again from the middle of July till the middle of October, remaining dry from that time to February inclusive. The statistical table of diseases appended to the paper corroborated the view that the seasons of greatest frequency and fatality of the climatic diseases coincide with those when the rice fields are undergoing the process of drying; and that the months of April and September, when the inundation of the fields is continuous, are healthy months. These facts seem to confirm the theory that morbific, paludal miasmata are evolved from a drying and not from a wet surface.

Winds.—The distinctive phenomena of this climate are derived almost entirely from the great atmospherical currents called "monsoons." The geographical position of Hong Kong is within the normal belt of the N.E. trade wind, which would blow there all the year round if there were no disturbing cause; and it is still the dry winter wind, called the "north-east monsoon." In the summer the S.E. trade wind crosses the equator, and strikes on the southern coasts of China in its course towards the heated plains of Central Asia, and is then named the "south-east monsoon."

Short-sighted creatures that we are, continued Dr. Smart, that while the humid atmosphere of the summer oppresses us we sigh for the cool dry air of the northerly monsoon; and almost allow ourselves to indulge the wish that the law of Nature regarding the trade winds had had no exception here. But we do this without thinking of the terrible climatic change that would result if the dry wind blew even for one summer, like a simoon, across the plains of China.

The author then entered upon the climatology and topography of Victoria, Hong Kong, Macao, and Canton respectively, especially of the first, the causes of the insalubrity of which he discussed at considerable length, and with his wonted ability. He remarked, before concluding his paper, that intelligence had reached him at Bermuda of the cession by the Chinese of the Cloonow peninsula, facing the town of Victoria to the north and east. The shores of Cloonow, he observed, present curved lines, forming sandy beaches, separated by the granitic spurs that fall from the mountain ridge situated about five miles inland.

Dr. Smart considered that, in a sanitary point of view, this possession promised to be of great value, as the gentle rise of the land in hill and valley offers an ample site for town extension, in addition to the requirements of what will become a first-class arsenal. Commercially, an incalculable advantage will arise from the fact of the town being on the side of the harbour, to which the merchant shipping are compelled to resort in the dangerous typhoon season to obtain the shelter of the promontory.

This concluded the first division of the subject, which throughout displayed great labour, judgment, and practical as well as scientific knowledge. The second division of the paper, which treats of the Diseases of Hong Kong, &c., will, we understand, be read at the next meeting of the Society in May.

Mr. RADCLIFFE said, that no one could but admire the amount of painstaking labour and ability which Dr. Smart

had devoted to this most important paper. He had entered into the meteorological question so minutely that it was impossible to follow up the matter discussed on hearing the paper read for the first time. He considered that Dr. Smart would have elucidated the subject better, and made it more intelligible at a meeting like this, if he had projected curves of the temperature, barometeric pressure, &c., instead of recording these phenomena in tables.

Dr. MILROY considered that every word coming from Dr. Smart was valuable; and that the present paper amply sustained his reputation. There were some important practical suggestions among the large amount of scientific matter which he had brought before the Society. He referred more particularly to the author's opinion with reference to the liability of soldiers and sailors to disease at night, when they are so long without food, and not unfrequently insufficiently protected by covering and clothing. He was of opinion that in the Army and Navy much remained to be done with reference to proper berthing, clothing, and providing support for the men during the night. The great period for the invasion of cholera and other epidemics was between ten at night and six in the morning.

Dr. GIBSON (the Director-General) said he had much satisfaction in stating that Dr. Smart's suggestion to provide a warm meal for the men at night was already adopted in the Army, and had been attended with marked benefit to the troops in China. These troops had been well fed and clothed, and in every respect well cared for. It was thus that during the recent campaign in that country the mortality in the field had been so remarkably low, as shown by the following statistical details:—

British Army in China during the late campaign from May 1st to Nov. 11th, 1860.

	No.	Deaths.	Mean Sick.
Europeans	9069	... 224	... 418
Natives of India ...	4920	... 79	... 156

	Europeans.	Nat. of Ind.
Ratio per 1000 of strength constantly sick ...	46·09	... 31·71
Annual ratio of deaths per 1000 of strength ...	45·3	... 29·45
Ditto, exclusive of those killed in action or who died of their wounds	38·43	... 27·96

Dr. GALLAGHER, R.N., observed that a warm meal at night had been common in many ships in the Royal Navy, without reference to the Admiralty or other superior authority. In the ship to which he belonged in the Baltic during the war with Russia, the night-watchers were allowed a certain period to smoke and to have a basin of coffee. The same practice was carried out in other ships, and with great benefit to the crews. He trusted that a recommendation from this Society would induce the Admiralty to render it compulsory in our Navy to issue a warm night meal to those on duty, as in the French service.

Dr. DUIGAN, R.N., said his experience led him to support strongly the recommendation to give a warm meal at night to men on watch, as that was the period in which they most needed protection against the invasion of disease, more especially of epidemic disease, such as cholera.

Dr. M'WILLIAM said he had known in his life but few men in the public service who possessed equal will and power to investigate, not only disease, but also the meteorological and other influences productive of disease, with Dr. Smart. From the elaborate character of the investigation in the first division of the paper read that night, it was next to impossible to do it justice in discussion upon a single reading. Such a paper required careful study before its merits could be reached. The meteorological deductions could have been drawn up only after diligent and laborious inquiry, and, be it remembered, in a climate the reverse of favourable to mental exertion. The manner in which the whole question of the climatology and topography of that part of China had been treated was most creditable to the Service, as well as to the well-known reputation of the author of the paper, and he felt assured that Dr. Smart would duly appreciate Mr. Radcliffe's suggestion with respect to projecting curves, elucidatory of the temperature, barometric pressure, &c., instead of recording these phenomena in the tabular form, as he had done in the present communication.

Mr. J. N. RADCLIFFE directed the attention of the Society to a

VERY RARE AND CURIOUS TRACT ON PLAGUE,

recently printed by the Bannatyne Club page for page from the only known copy, preserved in the Advocate's library. The author of the tract was Dr. Gilbert Skeyne. He was a descendant of an ancient Scottish family, and was educated at the Grammar School and King's College, Aberdeen. He graduated as a Master of Arts, and subsequently applied himself to the study of medicine and took a Doctor's degree. In 1556 he was appointed "Medcinar" or Professor of Medicine in King's College, and while holding this position he wrote the tract on "Plague," now reprinted. In 1575 he removed to Edinburgh, and in 1581 was appointed physician to King James VI. The tract was first published in 1568. It contains a popular exposition of the causes, symptoms, and preventive medicine of plague in the vulgar tongue; and is highly interesting, not only on this account, but also from its presenting a summary of the opinions which may be supposed to have been entertained on plague by Scottish physicians about the middle of the sixteenth century. Mr. Radcliffe also read a very curious and interesting letter, bearing date Aug. 27th, 1564, from the English ambassador in Spain to Queen Elizabeth, and which contained an account of the medical treatment of the second wife of King Philip while suffering from "fever." The letter has only recently been brought to light by Mr. Froude during his researches in the State Paper Office, and Mr. Radcliffe was indebted to Mr. Turnbull, late Calendarer of State Papers, for a copy, which will be found in full in the April number of the *Medical Critic*. This letter also makes known an historical fact which, as it is believed, has not previously been noted—namely, that in the event of her Majesty of Spain dying Philip designed to have married Mary Queen of Scots.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

A NEW EAR DOUCHE.

THIS invention consists of a glass cup, of suitable shape, from the bottom of which projects a metallic jet, to pass into the orifice of the ear. This is connected, by means of an elastic tube, with an apparatus of similar construction to that of the eye douche noticed in THE LANCET of March 31st, 1860, the principle and application of which are highly approved by many eminent oculists, and other members of the profession. The advantages offered by this instrument are, that in its use, the fluid does not run down the patient's neck, there is no splashing, and the jet cannot possibly penetrate too far, and injure the interior of the ear, as is frequently done with the ordinary syringes. It can also be used by the patients themselves with the greatest facility, and any quantity of medicated fluid, or water, can be readily applied to the interior of the ear, without the necessity of re-using the same fluid. Messrs. Savory and Moore are the inventors.

ASCITES IN A CHILD.

To the Editor of THE LANCET.

SIR,—In your journal of Feb. 9th, March 23rd, and April 13th, cases of ascites in children are related, which induces me to send you the following:—

William C——, of Halvergate, aged seven years on the 6th of March last, has had ascites for the past two months. His general health is feeble; the urine scanty. The digitalis treatment was pursued as indicated in the case of March 23rd, but hitherto unsuccessfully, although a marked increase of urine has taken place. It is now a twelvemonth since he had a febrile attack without an eruption.

I am, Sir, yours obediently,

Acle, April, 1861. W. H. CUFAUDE, M.R.C.S.

P.S.—I have since ascertained that the boy C—— had for four or five hours a rash out, when ill with fever, which points to scarlatina.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The ninth annual festival of this institution will take place at Willis's Rooms, King-street, St. James's, on Friday, the 17th of May, when the Right Hon. Lord Chelmsford, President of the College, will take the chair.

THE LANCET.

LONDON: SATURDAY, MAY 4, 1861.

THE contest between the Apothecaries' Society and the College of Physicians has at length been carried before a legal tribunal. Not dismayed by counsels' opinions and the threats of the Apothecaries, the College have, during the last few months, resumed the practical exercise of rights which they contend they have always possessed and never relinquished, although they had been suffered to remain in abeyance. The College have actually examined a goodly number of candidates, and have conferred licences to practise physic and midwifery, these licences not debarring the recipients from also supplying medicine to their own patients. This is the privilege which the Apothecaries seek to monopolize. They apply to the Court of Chancery to prohibit the College from exercising it. They cannot, we presume, allege that the College are not more competent to direct the medical education of the general practitioners than themselves; they have not, we presume, the vanity or the assurance to contend that the College are not better qualified to examine candidates efficiently, and to give to the country a more solid and more authoritative guarantee of the character and attainments of the practitioner in medicine than they themselves can pretend to do. If, then, the Hall endeavour to show that their opposition to the College rests in any degree upon the plea of public utility, their case is weak indeed. They are driven to contend that the maintenance of a monopoly over medical education in favour of a trading company is essential to the preservation of the dignity and interests of the medical profession and of the public. Their case cannot be stated without provoking ridicule and contempt. They have no claim to make any appeal to the profession on the ground of liberal government. The practitioner of medicine who takes up his licence at Blackfriars does not acquire a tittle of authority or of position. The Company issue their diplomas as they do their drugs. Their customers for either commodity hold a similar relation to them. The only difference lies in the fact that the commercial credit of the Worshipful Company stands higher than does their scientific authority. The effect of this is, that the man who purchases drugs at the Hall may, with just confidence, declare the source whence he has derived them when seeking to recommend them to the public. But the man who has taken up the Apothecaries' licence is in a very different case: he has a misgiving that the value of his scientific diploma is not enhanced by the signatures at the foot. On public grounds, then, the position of the Apothecaries is indefensible. The College of Physicians, abandoning their traditional policy of exclusiveness, have boldly put themselves at the head of the medical profession of this country, offering to the general practitioners the means of emancipation from a trading association, and placing them on a level in social and scientific status with their brethren abroad. The full report of the arguments before Sir W. P. Wood, published in this number (p. 442), and the admirable judgment of the Vice-Chancellor, will be read with deep interest. The result fully ratifies the policy advocated by us from the commencement of the struggle. At one period a spirit of vacillation impeded the action of the College. They had rights: they hesitated to exercise them. They seemed to await the assent of the Apothecaries, or the previous sanction of the Courts. This course might be proper in the case of doubtful powers; to adopt it would imply fear, and suggest denial. But from the moment that it was resolved to assert their inherent powers by boldly using them, the issue of the contest was certain. The Apothecaries have, as we foretold, shrunk from the odious step of prosecuting the new licentiates of the College. These gentlemen may now practise in security, approved by the voice of the profession, and protected by the law. The Apothecaries have been signally defeated in the Vice-Chancellors' Court. They will hardly venture to prosecute further a claim which is not in accordance with the spirit of the times, or the progress of professional education.

The pleadings in the case embody an interesting history of the College. The report, which has been taken specially, and with great care to omit no important point, will be referred to hereafter as the authentic account of this medical *cause célèbre*.

No better proof could be offered of the vast importance of modern sanitary science than the condition of Liverpool during the foregone year. Before the passing of what is known as the "Sanitary Act," the yearly mortality of Liverpool was notoriously and invariably higher than that of any other town in the kingdom. Since the Act came into operation there, the annual mortality has upon four occasions been successively lower than in any previous year—i. e., in the years 1850, 1856, 1859, and 1860, when the death-rate was respectively 27·5, 27·3, 26·0, and 24·2 per 1000. During the ten years which preceded the passing of the Bill, the mean death-rate was about 32·5. The mortality of 1859 was the lowest upon record up to that time; but it will be found, upon referring to the Health Officer's recent able Report,* that last year, with a population numbering about 10,000 more, the deaths were nearly 600 fewer than in the former period. Thus last year alone there was a saving of not less than 3800 lives. Only in 1850, when the population was less by at least 90,000, were the deaths fewer in number. If it be objected that it is unfair to draw the above inference from the mortality of so limited a period, we may reply that if a wider basis of facts be taken, and the last five years, 1856–60, be compared with the previous five years, 1851–55, we shall still find the same favourable result, the saving of life during the latter period amounting to about 1100 annually, after striking out the cholera deaths of 1854. Looking at these results, then, and recalling to mind what was the condition of Liverpool previously, we may with justice reiterate the statement of Dr. DUNCAN, that the authorities and ratepayers may congratulate themselves that their expenditure for sanitary purposes since 1847—large as it has been—has produced results commensurate with the sacrifices which they had incurred.

"It may be hoped that the disparaging remarks which have been made from time to time as to the results of sanitary operations in Liverpool may henceforward cease, and that even the most unreasonable may be satisfied that the proceedings of the Health Committee have been productive of benefit."

* Report of the Health of Liverpool during the year 1860. By W. H. Duncan, M.D., Medical Officer of Health for the Borough, late Physician to the Royal Infirmary, &c. Liverpool, 1861.

Dr. DUNCAN fairly admits that amongst the causes which led to the low mortality of last year we must take into account the exceptional meteorology of it. Though the mean temperature was more than two degrees and a half below the average, yet, owing to the absence of any *extremes* of heat or cold, affections of the organs of respiration were not more than usually prevalent. Summer diarrhœa and cholera, too, which in ordinary years cause nearly 500 deaths in Liverpool, were fatal in less than half that number of cases. In connexion with this fact, it should be remembered that the temperature of the summer quarter was nearly three degrees and a half below the average. The abundance of rain also, during the summer months, by flushing the sewers at a season when their emanations are most to be dreaded, must probably have exerted a favourable effect. But since these and other influences were only shared by Liverpool in common with the other towns of the kingdom, and although these also experienced a low mortality, the most important stress must be laid upon the Sanitary Act improvements, seeing that the reduction of mortality was more marked in Liverpool than in other places. We are told by the Health Officer, that the only other town in Lancashire with a population of more than 30,000, and which had a lower death-rate than Liverpool, was Bury, which contains about 35,000 inhabitants. Upon the other hand, Leeds, Sheffield, Halifax, Newcastle-on-Tyne, and Nottingham, and, in Scotland, Glasgow, Dundee, Aberdeen, Paisley, Greenock, Leith, and Perth, had a higher mortality than had Liverpool.

"The Registrar-General states, that *one* life in every 1000 living was saved in England last year, as compared with the average of the preceding ten years. In Liverpool, on a comparison of the same periods, more than *five* lives in every 1000 living were saved."

Here is certainly something for our sanitary legislators to boast of. There is one statement made by Dr. DUNCAN which we should not pass over. The impression exists in the minds of some of the Liverpool authorities, that the most efficient supervision of lodging-houses would be secured by entrusting it solely to the police. Now the police inspectors themselves admit that the night inspection of these places is found to interfere with the efficient discharge of their ordinary police duties. Practically, too, proof of this has not been wanting; for whilst the officers of the Health Committee reported during the year 13,258 inspections, 109 informations for overcrowding, and 68 for not registering, the police reported only 5170, 20, and 8 respectively.

THE British Army has been fruitful in great surgeons. With them rests a great part of the honour of laying a broad foundation for the modern science of Sanitary Medicine. Sir JAMES M'GRIGOR will always hold a conspicuous place amongst the representatives of Military Surgery and Sanitary Administration. The personal credit he acquired in his long and meritorious services has won consideration for his professional brethren, both for those engaged in the civil and the military career. The time has arrived when all of us may gracefully unite in erecting a lasting testimony to the man who has done so much for his country and for his profession. The Government has promised the M'GRIGOR Committee an admirable site in St. Margaret's-square, Westminster, where it is proposed to erect as speedily as possible a handsome marble statue on a polished granite pedestal. Those who may be desirous of testifying their respect for the distinguished Surgeon, who during half a century and throughout many distracting cares never forgot his allegiance to his craft, should lose no time in sending their contributions to Mr. WYATT, the Honorary Secretary and Treasurer. The day seems approaching when England will be able to point to monuments of illustrious physicians and surgeons as well as of successful soldiers.

WHEN commenting in our last number upon the want of asylums for the middle classes, conducted under the guarantee of a public and disinterested authority, and admitting patients at a moderate cost, we omitted to refer to an excellent institution answering to these conditions. The establishment known as the Coppice, near Nottingham, which is under the able superintendence of Dr. W. B. TATE, was erected by capital raised by voluntary contributions; the current expenses are chiefly met by the income derived from the patients and annual subscriptions. The patients are all of one class—an excellent feature—and pay twenty-five shillings weekly. The asylum can accommodate sixty patients; there are actually forty-five inmates. It is quite possible that there are many asylums in the hands of private proprietors which are as liberally conducted, and which afford in many respects an equally eligible refuge for the insane. Indeed we are happy to bear testimony to the great improvement the private asylums have of late years undergone, and to the earnest desire evinced by the proprietors to keep at least on a level with the progressive amelioration in the care of the insane. But the public will still be of opinion that a system which bears even the semblance of private interest or commercial traffic in insane persons is a vicious one; and we know that the patients themselves are deeply depressed by the belief that their detention, not their liberation, is profitable to their custodians. We can therefore but rejoice in the prospect of the rapid substitution of public for private asylums.

Medical Annotations.

"Ne quid nimis."

THE MEDICAL SOCIETY OF LONDON.

THIS Society has ended its sittings until next October. During the past session it has undergone a further stage of development. The condition of every Society which possesses real vitality or aspires to continued activity of existence must always be modified by the pressure of surrounding circumstances. The Medical Society of London has experienced some of these modifications, and although changed in aspect, when compared with its earlier self, it may be considered to be in a healthy and vigorous state. The influence and importance of the Medical and Chirurgical Society, and the growth of special Societies, such as the Pathological, the Obstetrical, and the Epidemiological Societies, have destroyed the unique character and the comprehensive scope of the Society as at first constituted. It must maintain its ground now, not upon the broad basis of the desirability of an arena for medical discussion, since so many others such exist, but upon its individual merits and capabilities. As compared with those of other Societies, it seems now to take its stand as a Society of high aspirations, of some claims to a representative character, of a very wide tolerance, and a popular constitution. It is medical, chirur-

gical, pathological, and obstetrical; it publishes "Transactions;" it offers premiums and awards medals; and especially it is open to all ranks of the profession, of which it numbers on its roll all the varieties. These are its claims to support, and in these we recognise fruitful elements of prosperity. We believe that during the last year it has received a considerable accession to its numbers, and it may be hoped that, under the able presidency of Mr. Coulson, it may pursue during the approaching session a course of calm and uninterrupted utility.

STATISTICS OF HEALTH.

THE numerical relations of sickness and mortality form a particularly interesting branch of inquiry, as to which Mr. T. R. Edmonds, B.A., makes some valuable and suggestive statements in his paper on the subject.* He calls attention to the fact that, according to the best observations, the rates of both sickness and mortality increase as age increases from the age of 15 years to the end of life,—at one fixed ratio of increase from year to year up to the age of 55 years (nearly), and thenceforward at another and much higher fixed ratio until the close of life. The necessary consequence of this parity of increase between mortality and sickness is, that the quantity (in duration) of sickness to one death is the same for every age of life. This is found by observation to amount to nearly two years of sickness to one death at every age of adult life, when invalids are excluded. The same proportion holds good if invalids be included, but subjected to the condition that one year of invalid life-time be reckoned as equivalent to one-third of a year of sick-time. If all invalid life-time be treated as sick-time, the total sick-time would be 2⅔ years to each death. The persons suffering constantly from acute sickness at any year of age will amount to double the number of yearly deaths, and the number of invalids or permanent sufferers from sickness will be equal to the number of annual deaths. In accordance with several observations, it has been here assumed that invalids or pensioners, through inability to earn wages, are equal to one half of the number constantly suffering from acute attacks of sickness at any age. In comparing together the results of attacks of sickness at various ages, it has been found by observation that the proportion of attacks terminating in death increases with the age in the same degree as the rate of mortality increases with the age; it hence arises that the proportion of new attacks of sickness at all ages is constant, and that the duration of attacks of sickness increases with the age according to the same law as that by which the rate of mortality increases. The proportion of the living attacked by sickness in one year at any age has been stated to be one in three, nearly. The average duration of an attack of sickness in the general population of the working age (say from 20 to 65 years) has been estimated by Dr. Farr at 36 days, or one-tenth of a year. Since each person has on an average an attack of sickness once in every three years, it will ensue that the average duration of the sickness suffered by each individual of the working population in one year will be 12 days, or one-thirtieth of his life-time.

* Report of the Statistical Congress. London: Eyre and Spottiswoode, 1861.

"ONLY A LITTLE QUEER."

LIBERALITY of opinion and breadth of idea are very commendable, but they may be stretched too far, and then their advantages become dearly purchased. Latitudinarianism as regards insanity, *e. g.*, is a very dangerous doctrine. Mr. Joseph Jesnoski, as judged by Mr. Selfe, illustrates very well, we think, this position. The other day this Polish refugee was brought before the magistrate in question for threatening to cut his own and his wife's throats, after having beaten her and the children. He had been seen by the constable at five in the morning "dancing and kicking about," and frightening the lodgers in the house by his violence. He had not done any work for three months, and was very spiteful and dangerous. The Government medical officer of the Polish Emigration Society had sent him to the St. Giles's Workhouse, under a certificate that he was unfit to take care of himself and was dangerous to others. From thence he was sent out because "he was not sufficiently insane"! The worthy magistrate summed up the case by saying that "It is a very strong measure to deprive a man of his liberty because he is a little queer. I will take his bail for £10; but if he behaves unruly again he will go to prison." What an admirable institution is the prison! Perhaps, however, before Jesnoski goes there, his unfortunate wife may, along with Mrs. Jones,—as Mrs. Malaprop says—"participate in the same catastrophe." Mrs. Jones's fate, which was completed about the same time that Mr. Jesnoski was sketching out his wife's, is as follows:—

"The inhabitants of the rural town of Pwllheli (Wales) have been thrown into great consternation on hearing that Mrs. Jones, of Kingshead-street, had been murdered by her only son, Robert Jones, who has been for many years insane. It appears that about eleven o'clock in the morning the son was seen by the painters, who were at their work outside, going out of the door leading to the cellar with blood on his hands. Nothing more was seen to cause any suspicion until a neighbour went in and found Mrs. Jones dead on the kitchen floor, her head resting on an iron stool and her face all covered with blood. It is supposed that her son had struck her on her head with a frying-pan, for it was found in a cupboard near at hand with a quantity of blood upon it. The son went almost immediately to the station-house, and gave himself up to justice."

We dare say that Robert Jones, too, was once thought to be only "a little queer," and "not sufficiently insane" to be put under medical treatment. But, in the name of common sense and humanity, surely some other place than the prison should be the abode of all such Joneses and Jesnoskis.

A PROFESSOR IN THE CHAIR.

THE nobility of science as contrasted with the nobility of birth was honourably and successfully recognised this week by our newly-adopted professional brethren, the dental surgeons. The first anniversary dinner of the Dental Hospital was presided over, not by a duke, nor an earl, nor a marquis—not by a Cabinet minister nor a political celebrity. The chair was taken by Professor Owen; and in his person were aptly represented the highest claims which odontological science can put forth. The attendance was more numerous than has been seen at an hospital dinner for many a day. Not only was the dignity of science vindicated by the selection of the president for the first anniversary meeting, but the perfect fitness and adaptability of a man of the highest scientific attainments for this kind of social responsibility were very triumphantly demonstrated. The number of guests attracted far exceeded anticipations, and the amount of subscriptions overpassed them in a twofold measure. We hope that this incident may afford a precedent, and that at similar meetings distinguished members of the profession may be called to preside with like felicity and equal success.

BIRTHS, DEATHS, AND MARRIAGES IN IRELAND.

THE question of affording a due system for registering births, marriages, and deaths in Ireland—where alone such registration has been hitherto neglected—has for the fifth time forced itself upon the attention of Parliament. A Government Bill is passing through the Commons to supply this desideratum. Section 43, by which it is proposed to compel returns from the medical profession, is similar to the one contained in the Scotch Act which has excited frequent and indignant protests from members of the Scotch Faculty, especially of Glasgow. The Glasgow professors have accordingly addressed a circular to their Irish brethren, in which they warn them not to allow this penal clause to receive the sanction of Parliament with the apparent

approval of their silence, but to record in unmistakable language their opposition to its provisions, and to exhaust the privileges of the law in frustrating its enactment. The warning is timely. If the profession in Ireland desire to avoid the confirmation, they must forthwith pour into the Lords and Commons petitions from associations and individuals, setting forth the grievance which it would inflict; and if they are careful and energetic in securing the support of their members, there is little doubt that they will carry their point.

VICE-CHANCELLORS' COURT.

(*Before* Vice-Chancellor Sir WM. PAGE WOOD.)

APRIL 30TH—MAY 1ST.

THE ATTORNEY-GENERAL *VERSUS* THE ROYAL COLLEGE OF PHYSICIANS.

THIS case came before the Court upon demurrer to an information filed by the Attorney-General, at the relation of the Society of Apothecaries as plaintiffs, for the purpose of restraining the College of Physicians from creating a new body of Licentiates in Medicine according to certain resolutions lately passed and promulgated by the College.

It was stated by the information that the defendants, the Royal College of Physicians, were incorporated in 1519 by Royal Charter, whereby the king's physicians and other persons therein named, and all other men of the same faculty of and in the City of London, were erected into a corporation; and a provision was contained in the Charter to the effect that no one in the City, or within seven miles in circuit around the same, should practise the said faculty unless he had been admitted to do so by the president and community, or their successors, by letters under their common seal, under the penalty of 100 shillings for each month in which, not having been admitted, he should have exercised the same faculty; and it gave them supervision over all physicians within the City and circuit of seven miles. The Charter was ratified and confirmed by an Act of Parliament passed in 1522, intituled "The Privileges and Authority of Physicians in London," by which the "elects" and president of the commonalty were constituted; and it was enacted that no person from thenceforth should be suffered to exercise or practise in physic through England until such time as he should be examined in London by the president and three of the elects, and should have from them letters testimonial of their approving and examination, "except he should be a graduate of Oxford or Cambridge, which had accomplished all things for his form without any grace." By an Act passed in 1540, "For Physicians and their Privilege," power was given to the president for the time being and commons and fellows to choose, once in every year, four persons of the commons and fellows for the purpose of examining and searching the wares, drugs, and stuffs of the apothecaries in the City of London. Under this Charter and these Acts of Parliament the Royal College of Physicians had up to the present time exercised the powers granted to them, and their practice had been to grant licences for practising the faculty of physic, either within London and the circuit of seven miles round, when such persons were properly called licentiates, or throughout England, when they were properly called extra-licentiates. Ever since their constitution, and up to the present time, the College of Physicians had considered and acted on the principle that the business of compounding and supplying medicines for gain was the business, not of a physician, but of an apothecary or druggist; and they had refused to admit to the practice of physic any person who compounded and supplied medicines for gain. This principle was strongly inculcated by the statutes of the College when recast in 1687; and by the sixteenth section of those statutes it was ordained that no surgeon, drug compounder, or any other artificer of that sort, should be admitted into the order of candidates or fellows who had either at any time exercised any illiberal art or had passed his apprenticeship bound to service in a shop, "lest perchance if such men be admitted into the College we may seem to have not sufficiently consulted our own dignity or the honour of our country's universities, which, however, we ought and we always desire to attend with the deepest veneration." By another ancient statute of the College it was provided that "If anyone shall, after admission into the body of licentiates, have sought his livelihood in the trade of a drug-seller, or by selling any wares whatsoever, we decree that he, so far as in us lies, has fallen away from the body of licentiates." By the bye-laws of the College it was declared that no person should be admitted into the order of licentiates unless he had completed his twenty-sixth year and had taken the degree of M.D.; and that if he should happen to have been a member of the College of Surgeons or of the Society of Apothecaries, he should be required to adduce evidence, previous to his admission into the order, of having renounced his connexion with those societies. Another section of the same bye-laws imposes a penalty of £10 upon any licentiate who should share with any druggist the profit of any medicine prescribed by him; and another section gives directions for the mode in which every physician, whether a fellow, a candidate, or a licentiate, should write and sign his prescriptions. The Apothecaries' Society was incorporated by Royal Charter in the fifteenth year of King James I., with certain privileges as to the exercise by them of the mystery and faculty of an apothecary. The effect of this incorporation was greatly to raise the character and position of apothecaries; and this circumstance, combined with the inability of the physicians to provide their patients with the drugs prescribed to them, gradually conferred upon the apothecaries the right not only of vending but of prescribing medicines, that right having been, as was alleged in the information, successfully vindicated in the reign of Queen Anne by an apothecary named Rose. In 1815 an Act was passed establishing compulsory examination as a qualification for practising as an apothecary, and imposing penalties upon all persons practising as apothecaries without first obtaining the certificate of the Society. The effect of this Act was to vest exclusively in the Apothecaries' Society, and persons duly qualified by them, the right of supplying medicines in medical cases; and it was enacted (section 20) that if any person, except such as were then actually practising as such, should, after the 1st of August, 1815, act or practise as an apothecary in any part of England or Wales, without having obtained such certificate as aforesaid, every person so offending should, for every such offence, forfeit and pay the sum of £20; provided (section 29) that nothing in the Act contained should extend or be construed to extend to lessen, prejudice, or defeat, or in anywise to interfere with any of the rights, authorities, privileges, and immunities theretofore vested in and exercised and enjoyed by either of the two Universities of Oxford or Cambridge, the Royal College of Physicians, the Royal College of Surgeons, or the Society of Apothecaries respectively, other than and except such as should or might have been altered, varied, or amended in and by this Act, or of any person or persons practising as an apothecary previously to the 1st of August, 1815; but the said Universities, Royal Colleges, and Society, and all such persons or person should have, use, exercise, and enjoy all such rights, authorities, privileges, and immunities, save and except as aforesaid, in as full, ample, and beneficial a manner to all intents and purposes as they might have done before the passing of this Act, and in case the same had never been passed. The Medical Act, which was passed in 1858 (21 and 22 Vic., c. 90), established a General Medical Council, consisting of representatives from the various medical bodies of Great Britain and Ireland, and contained provisions for a registry of medical men of various classes and denominations. The information proceeded to state that the defendants had recently conceived the scheme of erecting the present licentiates into members of the College, and of establishing a new class of practitioners, to be licensed by the defendants, and intended that such new class should commence practice at an earlier age than, and be inferior in qualifications and attainments to, the present class of fellows and licentiates of the College, and that they intended to grant to such new class licences purporting to allow them to act as apothecaries, or to compound and supply for gain the medicines supplied by them. On the 8th of August, 1859, the defendants, in pursuance of this scheme, passed bye-laws regulating the election of fellows of the College, and declaring, amongst other things, that no one should be eligible as a fellow who was engaged in trade, or who practised pharmacy, or made any engagement with a chemist or any other person for the supply of medicine from which profit is derived, or who practised physic or surgery in partnership, by deed or otherwise, so long as that partnership should continue; and in similar terms that no fellow of the College should be engaged in trade, &c. And with respect to their members they also ordained that licentiates should be styled members of the College, and should be alone eligible to fellowships (the practice of pharmacy being in the case of these members also excluded.)

At the same meeting at which these bye-laws were passed, the following resolutions, which gave rise to the present contest, were also passed:—

"That any person who shall have satisfied the College touching the sufficiency of his acquirements in general science and literature, and given proof under examination of his proficiency in the science and practice of medicine and midwifery, and who shall have complied with such other regulations as are or shall be required by the bye-laws of the corporation, may receive a licence to practise physic. That no person so licensed be empowered to vend, compound, or dispense any medicines, except for patients under his own medical care. That every candidate be required to furnish proof that he has attained the age of twenty-one years. That the preceding resolutions be submitted to the Medical Council, with an expression of the desire of this College to render those resolutions available for co-operation with the College of Surgeons in the licensing of general practitioners."

On the 18th of April, 1860, it was resolved:—

"That this College will grant licences to practise physic to persons, *who shall not be restricted by any bye law from supplying medicines to their patients*, and who shall be entitled to register under the Medical Act as licentiates of the Royal College of Physicians of London."

In the month of December a paper was circulated, embodying the above resolutions, and containing these bye-laws, amongst others:—

"Licentiates of this College shall not compound or dispense medicines, except for patients under their own care.

"No licentiate of the College shall assume the title of Doctor of Medicine, or use any other name, title, designation, or distinction, implying that he is a graduate in medicine of a university, unless he be a graduate in medicine of a university.

"No licentiate of this College shall by virtue of his licence represent himself as being a fellow or member of a College of Physicians.

"Each licentiate shall have the following form of licence given to him, under the seal of the College, signed by the President and by the Examiners:—I, A. B., Doctor of Medicine, President of the Royal College of Physicians of London, with the consent of the fellows of the same College, have, under the authority given to us by Royal Charter, granted to C. D., who has satisfied the College of his proficiency in the science and practice of medicine and midwifery, our licence, under the said Charter, to practise physic so long as he shall continue to obey the statutes and bye-laws of the College relating to licentiates."

By the same paper it was provided that every candidate should be of the full age of twenty-one years, and a course of examination was prescribed closely resembling that adopted by the Society of Apothecaries. In consequence of this, some correspondence took place between the Society of Apothecaries and the College of Physicians, in which the former explained that the class of practitioners which the latter proposed to establish would be a different class of practitioners from any which they had ever licensed under their Charter, and from any known to the law, and would be to some extent a class of apothecaries; but having failed to induce them to abandon their design, they caused the present information and bill to be filed, stating all the above-mentioned matters, and charging that such design was contrary to the law, was beyond the power and authority of the College of Physicians, and an invasion of the rights and jurisdiction of the Society of Apothecaries, and that it was a matter of great importance to the public that they should not issue licences by which an apparent authority would be given to licentiates to enter on a course of practice which would render them liable to the penalties imposed by the Act of 1815. The information and bill then proceeded to pray for a declaration that the defendants could not lawfully issue any licence which purported to authorize the licentiate to compound and supply for gain the medicines he prescribed, or in any other way to exercise the calling of an apothecary, or which purported to establish any new order of medical practitioners, and that the defendants may be restrained by injunction from issuing any such licence, and from doing any other act with the purpose or intention of giving such authority or apparent authority. To this the defendants demurred, and the demurrer now came on for argument. It is necessary to mention that for the purposes of the demurrer all the statements alleged in the information and bill must be taken to be true, and the only question that could be argued in the present stage of the proceedings was whether, assuming all the facts to be proved as stated, the plaintiffs were entitled to the relief sought by the prayer.

Mr. ROUNDELL PALMER, Q.C., Mr. CLEASBY, Q.C. (of the common law bar), and Mr. OSBORNE, in support of the demurrer, urged that this was an attempt on the part of the relators to repeal by a side wind the liberal provisions of the Legislature in favour of the general body of the medical profession, and to create an unauthorized and illegal monopoly in the Apothecaries' Society. There was no jurisdiction in a Court of Equity to interfere in the matter. If the defendants thought that their privileges were being invaded, let them put in force the penalties provided by the Apothecaries' Act of 1815, against practising as an apothecary without qualification. At any rate, the Courts of Common Law, with their writs of prohibition, *quo warranto*, and the like, formed the proper tribunal rather than a Court of Equity. But, in truth, the act complained of was not illegal, and was entirely within the powers and privileges of the College of Physicians. So far from abandoning those privileges, the College of Physicians had established dispensaries out of their funds all over the metropolis. Upon these grounds, as supported by various authorities (to which they referred), it was submitted that the demurrer must be allowed.

The ATTORNEY-GENERAL and Mr. HOBHOUSE, for the plaintiffs, contended that there was ample jurisdiction in a Court of Equity to restrain either one or the other of these corporate bodies from exceeding, trespassing, or unduly extending their statutory powers, and to limit them to the distinct functions and sphere of action assigned to each of them by the Legislature. Was there any power at common law to effect this? The writs of prohibition, *quo warranto*, and *certiorari* were alike inapplicable to a case like the present, and the jurisdiction of equity had been rightly invoked. The act contemplated by the defendants, and impeached by the bill, was not only an invasion of the Apothecaries' Act of 1815, by which physicians were distinctly restrained from interfering with the privileges thereby conferred upon the apothecaries, but was also a fraud upon the Medical Act of 1858, by creating a new body of practitioners of a hybrid order, who were neither physicians nor apothecaries. The Attorney-General then proceeded to comment at some length upon the authorities which had been cited on the other side, and referred to the recent decision of the Judicial Committee of the Privy Council as to the ordinance of the Scotch University Commission enabling the degree of "Master in Surgery" to be conferred by some of the Scotch universities. In that case he had had the honour to sit as assessor, and had had the advantage of the very able argument of his learned friend, Mr. Palmer. That argument, which was directed against the proposed degree, was unsuccessful; but the decision could hardly help the defendants in this case, for the *ratio decidendi* was that it was perfectly competent for the universities to confer such a degree, the existence of which had been contemplated by the Medical Act of 1858, and was expressly mentioned in the schedule to that Act. In conclusion, he would submit that it was most essential to the public welfare, to the rank and dignity of the College of Physicians, to the recognized authority of the Society of Apothecaries, and to the maintenance in their full force of the provisions of the Legislature, that this unauthorized act of the College should be restrained—an act which was *ultra vires*, exceeding their Charter and their own statutes, and went far to contravene that status which they had acquired and enjoyed with honour, distinction, and service to the commonwealth for upwards of three centuries.

The VICE CHANCELLOR, without waiting for a reply, said that the demurrer must be allowed. The College of Physicians had been in the habit, under their Charter, of granting licences to persons to practise physic so long as they obeyed the bye-laws of the College. Those licences had been issued from a time as far back as the reign of Henry VIII. down to the year 1858, and by the bye-laws which had been in force during that time the licentiates were restricted from administering drugs; an ancient statute of the College having declared that if any licentiate sought his livelihood in the trade of a drug-seller &c. he should have fallen away from the body of licentiates. In order to supply the want created by these bye-laws, which prevented physicians from supplying their patients with drugs, another body of practitioners was called into existence, called apothecaries, who were incorporated by Charter of King James I., and whose business it was to dispense drugs, and who in course of time came to be consulted instead of the physicians, and became the medical advisers, in fact, of a very large proportion of the people. And in the course of time another well-known body of practitioners arose, who were called surgeons, and who from time to time themselves obtained charters from the Crown; and the object of the Medical Act of 1858 was to secure to the public practitioners in each of these departments,

and to secure persons duly qualified according to the several branches of the profession in the practice of those branches. Upon this the Attorney-General had argued that the Legislature in speaking of licentiates of the College of Physicians intended licentiates as they had hitherto existed, and that to place those persons on the registry as licentiates who were and ought to be called apothecaries was a fraud upon the statute, inasmuch as the College had, by its own bye-law expressly prohibiting its members from taking upon themselves to vend and dispense drugs, defined the meaning of the word "licentiate;" and the Legislature, therefore, in using the word had used it in the sense in which it had hitherto been used by the College of Physicians itself; in fact, that the word had, by the adoption of the Legislature, acquired a fixed meaning; and for the College of Physicians now to create another body of men who should not be subject to the bye-laws, and yet should go by the same name of licentiates, was a fraud upon the statute of such a nature as to justify the intervention of this Court. But in order to support this argument it was necessary to assume that the status of licentiates was definitely fixed, and must since the Medical Act of 1858 be taken to be, as it were, stereotyped and for ever bound by the former conditions and restrictions; and to say that those conditions and restrictions whereby formerly the licentiates of the College were prevented from dispensing drugs could not now be relaxed. The conditions imposed by the bye-laws of the College might be divided into conditions precedent as to the capacity and education of the candidate, and conditions subsequent as to the observance of the bye-laws after the issue of the licence, one of which was, that if he sought his livelihood in the trade of a drug-seller, or by selling any wares whatsoever, he should be deemed to have fallen away from the body of licentiates. There was not the slightest evidence on the face of the Act of any intention to interfere with any of the bye-laws, or to show that the corporate body were not to have the same power of altering them after the Act as they had before, and of modifying the qualifications required for the admission of candidates with the control of the General Council. The only point on which the Legislature interfered in this respect was that particular theories, such as homœopathy, mesmerism, and the like, were not to act as disqualifications. But assuming that the College was precluded by the Act from relaxing its conditions subsequently, he was by no means sure that this would be sufficient to sustain the information; he thought that even then the Court would not have jurisdiction to restrain the issue of those licences: however invalid they might be, they must be allowed to go for what they were worth until their value was tested in a court of law. The real question was how far the design of the defendants was a fraud upon the Legislature, and how far they were precluded from altering their own bye-laws. Their original Charter comprised the whole domain of physic and surgery. The effect was to place all medical science under the control of the College of Physicians; and down to the Charter of James I. no one could have disputed the right of the College to deal with the question of selling medicines, and to revoke or alter their own bye-laws on the subject in any way they pleased. The very existence of such a bye-law implied that it was customary for physicians to deal in drugs, and, except the bye-law, it did not appear that there was anything to prevent them; and it was probably the bye-law itself which had called the Apothecaries' Society into existence. No doubt considerable inconvenience was occasioned to the public from the restriction, and this gave rise to the Apothecaries' Society and their incorporation by the Charter of James I. The apothecaries, from the very humble position of grocers and druggellers, gradually acquired greater skill in the administration and knowledge of the properties of drugs, and were accordingly incorporated by Charter, with certain privileges to themselves, and restrictions against others; but it could not be contended that this Charter interfered with the privileges of the College of Physicians. From the time of Henry VIII. down to 1815, it was perfectly clear that they might have relaxed any of their bye-laws, including that which restricted the sale of drugs. Then it was contended that the Act of 1815 did not by its saving clause (section 29, stated above) preserve to the College the right of granting licences divested of the restriction contained in the bye-laws. To say the least of it, that construction was far too doubtful to justify this Court in restraining them in the *bonâ fide* exercise of their functions; nor was it clear that this Court was the medium through which a solution of the question could be properly obtained. There was no express repeal of the privileges of the College of Physicians; on the contrary, there was a saving clause, and unless the 20th section of the Act was absolutely inconsistent with their preservation, he could not come to the conclusion that the privileges vested in the College were abrogated by it. Again, it had been contended that as the Legislature must have been aware of the previous status of licentiates, the creation of a new body of licentiates would be a fraud upon the Medical Act. But it was clear that this power existed before the passing of the Act. All that he could assume the Legislature to have known was the state of the law at the time, by which the bodies who had made the bye laws were capable of altering them; and there was not a scintilla of evidence on the face of the Act showing an intention to deprive any of these medical bodies of the powers they possessed before, or to contract the limits of their Charters. The preamble of the Act was quite in accordance with this view of the case. The only grievance alleged was that the defendants were creating a new body of licentiates inferior in qualification to the former, and who would be to some extent a class of apothecaries. Assuming that the plaintiffs would have a right of action against these new licentiates, still all that the College of Physicians had done was to say they would not degrade them for selling drugs, and the worst that could happen to the newly-created class of licentiates would be that they would have to obtain certificates from the Apothecaries' Society. With regard to the public injury arising from the harm done to these young men by inducing them to incur penalties under the Apothecaries' Act under the impression that these licences enabled them to practise as apothecaries, the answer to that was *volenti non fit injuria*. The medical profession were generally well informed as to the state of the law, and they must be considered to have notice of all the risks they ran. The conclusion his Honour arrived at was that there was originally full power in the College of Physicians to alter their bye-laws from time to time; that anterior to 1815 there was not a shadow of a pretence for saying they could not alter them. He did not think that that Act prevented them from altering them; and clearly the Act of 1858 did not interfere with the mode in which licences were to be granted. On all these grounds the demurrer would be allowed, and it was not a case in which any good could be done by giving leave to amend.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—Some weeks have elapsed since I requested permission, through the medium of your journal, to address the Poor-law medical officers. During this time, I have been actively employed in preparing evidence to lay before the Select Committee of the House of Commons on Poor-law Administration. I trust many of my brethren have been similarly engaged, and that such a mass of evidence will be laid before the Committee as must convince the most sceptical member of it that extensive changes are needed in the Medical Department of the Poor-law Administration.

On the 18th of April, I received a letter from the Poor-law Board, in reply to one I sent to them requesting information as to the time when Mr. Abel Smith's Return of the Salaries of the Poor-law Medical Officers up to Lady-day, 1861, would be presented to the House of Commons, and also when I might expect to be summoned to give evidence before the Select Committee. Their reply is as follows:—

"I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 10th instant, and to state that the Return to which you refer is in the course of preparation, and will, it is expected, be presented to Parliament within the next fortnight. I am directed also to state, that the President of this Board is unable to inform you as to the time when you may expect to be called before the Select Committee on the Poor-law. He thinks it probable, however, that the Committee will not be prepared to enter upon any inquiry on the subject of Medical Relief within a month from this date."

I have received one guinea from Dr. Brown, of Rochester, in aid of the funds of the Association. This is his sixth donation of a like amount. Had the Poor-law medical officers done

likewise, how different would have been our position! I have also received subscriptions from the medical officers of two metropolitan and a few country Unions; but the entire sum received this year (£50) has only enabled me to pay off the old-standing bills, and meet the current expenses of the Association, leaving me still in debt for printing the last Draft Bill. Under these circumstances, I have not felt justified in incurring fresh liabilities by printing the mass of evidence I have collected, which I greatly regret, as its perusal might assist those gentlemen about to give evidence.

As a little statistical information may be interesting to your readers, I will give you the copy of a note appended to one of the tables which I intend to lay before the Select Committee:—

"During a period of six years, the average duration of illness in —— District has been 5 weeks, 3 days, 9 hours; average number of doses of medicine to each patient, 36; average number of attendances at the patient's home, 8·3; ditto at surgery, 1·3; average payment for the above, 1*s.* 10*d.*, which includes the payment for operations, midwifery, and accidents. The severity of many of the cases is proved not only by the average duration of illness, but by the mortality, which averages 1 in 19·9. If the deaths here recorded be a fair specimen of the general mortality amongst the sick poor throughout the kingdom, it will appear that the Poor-law medical officers alone return one-sixth of the entire deaths of the whole of England and Wales,"—proving that the subject is one not merely affecting the Poor-law medical officers, but the poor and the ratepayers generally.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, April 27th, 1861. RICHARD GRIFFIN.

THE MANCHESTER MEDICO-ETHICAL ASSOCIATION AND MR. ROBERTON.

To the Editor of THE LANCET.

SIR,—As one of your Manchester readers, my attention was naturally arrested on the morning of the 13th ult. by the correspondence headed "Manchester Medico-Ethical Association."

It will be well for me to state before I proceed that I am not nor ever have been a member of the Association—that for reasons not now necessary to be specified I have intentionally held aloof from it, as I wish it to be distinctly understood that in what I am about to write I am free from sectional bias; nay, had I a bias at all, it would be that of one who has hitherto regarded with feelings of sincere respect a senior who by his energy and ability has not only obtained for himself a first position amongst his brethren, but has also by his writings and philanthropic endeavours increased the estimation in which in this neighbourhood "the Doctor" is held.

I read attentively the correspondence, but though highly approving the course adopted by the Association, and as highly disapproving the reasons offered by Mr. Roberton in palliation of the plan of action pursued by him, I should have left the matter where the Association had seen fit to leave it, and not have troubled you with any communication, had it not been for Mr. Roberton's letter dated April 15th.

I quite agree with Mr. Roberton that "the readers of your journal must have seen with some astonishment certain resolutions and letters," &c.; I will go further, and say that your Manchester readers saw with *great* astonishment how grave a cause existed for the insertion. On reference to the resolutions, I fail to discover in them any such *animus* as is implied by Mr. Roberton's assertion that their object is to inflict on him "an offensive notoriety." I would ask your readers—What would be their opinion of a society which, without demanding an explanation, would allow one of its laws to be violated by one of its vice-presidents? And as to the publication of the "resolutions and letters," a sufficient justification is contained in the last resolution, for surely no one can deny that "the question of consulting with homœopathic practitioners is of public professional interest."

The analogy which Mr. Roberton attempts to establish between certain Cavaliers and the committee of the Association is based upon a fallacy, and is therefore no true analogy. To continue for a moment Mr. Roberton's frivolous method of treating an important subject, the committee in hunting their game, unlike the Cavaliers, were mindful of the duty which their Association owed to the profession, and sought to prevent a repetition of an injudicious support of quackery; nor must Mr. Roberton complain if, in the honest discharge of this duty, they did not allow considerations of friendship to bias their judgment. He had violated a principle, and *must* accept the consequences.

The reasons which Mr. Roberton urges in defence of his conduct seem to me to be just those which should have induced him to act in a directly opposite manner. As far as I can make them out from his two letters, they are—

1st. That a homœopathic practitioner was already in attendance.

2nd. That by refusing to meet him the distress of the family would have been increased.

3rd. That his refusal would have been attributed to resentful feelings.

4th. That the husband was his relative.

The utter impossibility, if both are honest, of deciding upon a plan of treatment which an allopath and a homœopath could equally approve, should, in justice to the patient, have set aside Reason 1. All who know Mr. Roberton will feel sure that *he* would not depart from that treatment of his patient which he knew to be sound. If the homœopath had so little faith in his principles, or, having faith, so little honesty, as to cast them aside for the sake of retaining a patient, Mr. Roberton ought to have refused to consult with him.

Reason 2.—It is evident that the family had implicit faith in Mr. Roberton's ability, or they would not have sent twelve miles to secure his attendance. Such being the fact, it is more than probable that his presence would have allayed any distress which the dismissal of the homœopath could have occasioned.

Reason 3.—The sooner the public mind is disabused of the idea that legitimate practitioners entertain resentful feelings against quackery in any form, the better. The theory is too absurd to require disproval in the pages of a medical journal. Had Mr. Roberton, however, been really subjected to such an imputation, his duty to the profession demanded that he should have submitted to it, rather than have disappointed the reasonable expectations of his brethren.

Reason 4.—The fact of the patient's husband being Mr. Roberton's relative, instead of entailing upon him a sacrifice of humanity, gave him the best possible means of most fully acting up to its dictates, by enabling him, as a relative, without (to take the lowest ground) disadvantage to himself, to impress upon those interested the difficulty of his position as a medical man, and to express his earnest conviction that the welfare of the patient would be best consulted by a straightforward line of conduct.

If Mr. Roberton conceives that such reasons as those adduced justify consultations so indefensible, he misunderstands the point at issue. The real question involves our mode of dealing with those who, by dishonourable means, seek to advance their own interests at the expense of those more honourably minded, and into the consideration of which no mere personal feelings can be allowed to enter. I am painfully surprised that Mr. Roberton should, by attempting thus to substitute the personal for the professional, have acted so unworthily of the high character he has hitherto maintained. The heinousness of the offence is doubled by the very position of the man who has committed it. Mr. Roberton expresses a hope that the concord and good feeling which have always existed in this district may not be interrupted. I echo the wish, but would at the same time suggest that even peace may be purchased at too high a price: it must not necessitate the sacrifice of truth to falsehood, science to pretension, honesty to dishonesty. They who have to fight the battle between scientific medicine and charlatanry must not shrink from hard blows, nor be disappointed if they do not receive the benedictions of those they chastise. If for a while the public take not the pains to understand us, let us remember, whilst we persevere, that, for the advocates of truth, the history of the past is the history of the future; and that a worthier appreciation of the motives which actuate us will come in due time.

I am, Sir, your obedient servant,

Manchester, May, 1861. W. H. F.

(P.S.—I enclose my address.)

WARNING TO MEDICAL STUDENTS ABOUT TO ENTER THE ARMY OR NAVY.

To the Editor of THE LANCET.

SIR,—It may be interesting to those of your readers who propose to enter either the Army or Navy to hear that in the former service the Medical Warrant has been very materially modified, and that those young and talented men who have recently entered that service on the faith of her Majesty's Order in Council find that faith has been broken with them, and that on promotion they will be degraded both in rank and

position. But while the Army Warrant has been so far changed as to affect all assistant-surgeons promoted *in future*, a far more sweeping change is about to take place in the Navy: rank, uniform pay, pensions to widows, in fact all the advantages granted by her Majesty in Council two years ago to *all* classes of medical officers, are to be withdrawn, and, unlike the Army, the changes are to be *retrospective*. I trust, Sir, that you will point out to your student readers these gross breaches of faith; how little confidence can be placed even in her Majesty's Orders in Council; and how cautious they should be in entering these services. When there was a scarcity of medical officers privileges were granted them; now, owing to cessation of war, the market being somewhat glutted, the authorities, with a very short-sighted cunning, withdraw them, or rather attempt to do so; for I feel certain that the profession and the country will not allow of so gross a breach of faith.

I am, Sir, I am sorry to say,

May, 1861. ONE OF THE DUPED.

ARMY SURGEONS.

To the Editor of THE LANCET.

SIR,—I regret to see that the Army Medical Warrant of the 28th March, 1861, directs that army assistant-surgeons promoted after the 28th March, 1861, are to rank with majors, *but junior of that rank*.

The Warrant of the 1st October, 1858, directed that surgeons should rank with majors according to the date of their commissions. The new Warrant says that surgeons promoted *before* the 28th March, 1861, are to continue to rank with majors according to the dates of their commissions. At first sight some might think that this was so far fair, and certainly it is so, but at the same time it is not sufficiently so.

All the assistant-surgeons who entered the army between the 1st October, 1858, and the 28th March, 1861, did so on the faith of the Warrant of October, 1858, and they have a clear and distinct right, when they are promoted to be surgeons, to rank with majors according to the dates of their commissions, and not according to the new and offensive plan of being junior of that rank. The new plan cannot, in fairness, be made to bear, except on those who are so foolishly confiding as to enter as assistant-surgeons *after* the 28th of March, 1861.

It is strange that some parties have so soon forgotten the Crimean disasters, that they take an uncalled-for step to injure and weaken an important and necessary department. Those persons who have advised this slight and affront to the medical officers seem not to have observed that they have recommended the Government to be guilty of a breach of faith towards all those who entered as assistant-surgeons between the 1st of October, 1858, and the 28th of March, 1861.

I hope that not only will the above omission be rectified, but, further, that the new Warrant will be rescinded, and the Warrant of October, 1858, allowed to stand as a proof of the respectability and honesty of the British Government.

I am, Sir, your obedient servant,

April, 1861. COMMON HONESTY.

DIFFICULT POSITION OF THE HEAD IN TWIN LABOUR.

To the Editor of THE LANCET.

SIR,—The case related by Dr. Timothy Pollock at the meeting of the Obstetrical Society, held on the 3rd, and reported in THE LANCET of the 16th inst., is so similar to the case which occurred in my practice about five years ago, that I feel induced to send you the following scant particulars:—

Mrs. M——, aged twenty four, in her first pregnancy, sent for me at noon, when I found the os uteri dilated about the size of a half-crown. As the patient lived within a few yards of my residence, I left, directing that I should be sent for on a change taking place. I did not see her again until six o'clock P.M., when the liquor amnii escaped, the breech presenting. In about two hours the body came down, great difficulty being experienced in getting down the arms; but as the resistance was very great and the child dead, I did not hurry the delivery. The head and neck now remaining stationary, all justifiable force was used to no effect; and on passing the hand very high up in front of the neck, which was very much stretched, and appeared to go beyond the head which blocked up the pelvis, I felt the chin and head *above* the brim of the pelvis; but looking in front of the neck, I detected the head to be that of a second child, with its jaw hooked upon the jaw of the child already nearly born. By this time eleven o'clock elapsed, and I requested the aid of another practitioner; but before his arrival, in about twenty minutes, the *head of the last child came first, followed by that of the first*. The second child came down shortly afterwards, lively and well.

I remain, Sir, yours, &c.,

Rotherhithe, April, 1861. J. J. CREGEEN, M.D.

LEEDS MEDICAL PROTECTION ASSOCIATION.

THE gentlemen whose names are signed below will feel obliged if the Editor of THE LANCET will insert the following communication:—

The subjoined practitioners, whose names appear in a report in THE LANCET of April 20th of a pretended meeting in Leeds on the 15th of April, think it due to themselves and to the profession to disclaim all knowledge of such meeting and of the origin of the report.

But they must at the same time express their regret that such a circular as that of which a copy is given in the report, and the publication of which is avowed by Dr. Braithwaite in his letter in THE LANCET of April 27th, should have emanated from any qualified member of the profession.

GEORGE WILSON, M.B. Cantab.
CHARLES CHADWICK, M.D.
J. D. HEATON, M.D.
R. G. HARDWICK, M.D.
SAMUEL SMITH, F.R.C.S.
JOSEPH PRINCE GARLICK, F.R.C.S.
JOSEPH TEALE, M.R.C.S.
SAMUEL HEY, F.R.C.S.
B. EDWARD HOLWELL, M.R.C.S.E.
HENRY CHORLEY, M.R.C.S.
THOMAS NUNNELEY, F.R.C.S.E.
GEORGE MORLEY, M.R.C.S.

April 30th, 1861.

THE DENTAL HOSPITAL OF LONDON.

ON Thursday, April 25th, a dinner was held in aid of the funds of this institution, at the Albion Hotel, Aldersgate-street, to which 140 gentlemen sat down. Professor OWEN, F.R.S., took the chair, supported by Mr. Beresford Hope, M.P., Dr. Mayo, Mr. Thos. Bell, F.R.S., and many influential members of the profession.

Professor OWEN, on giving the usual loyal toasts, incidentally mentioned, as a proof of the general interest taken by the Royal family in the cause of science, that Prince Alfred had sent home from the Cape of Good Hope specimens of natural history, obtained during his recent visit there, upon which he (Prof. Owen) was now engaged.

Mr. BERESFORD HOPE, M.P., in returning thanks for the toast of the Universities, expressed the great pleasure it had given him to have been the instrument in carrying through Parliament the Bill which had placed the dental profession upon an equal footing with their medical brethren. He felt the greatest interest in the success of the Dental Hospital; and had a firm conviction that the school in connexion with it for the education of students, and the museum appropriated for the use of the lecturers, would prove of great value in the promotion of science. The official recognition of the Dental Hospital by the College of Surgeons during the past year, and the large increase in the number of pupils, afforded the highest testimony to its efficiency. He sincerely wished it prosperity, and felt every confidence that it would meet with the support and patronage of the public.

Professor OWEN, in proposing the toast, "The Dental Hospital," said the progress of anatomical investigation since the time of John Hunter had developed the various structures of which the human frame was composed, the maladies of which were part of the province of surgery. Man was an animal who applied nature to his own uses. The knowledge thus arrived at required an institution as a field of operation; the Dental Hospital supplied that want as regarded odontological science. The relief afforded by this institution to a malady so universal as the toothache must be appreciated by all, "for there was never a philosopher who could bear the toothache patiently." The rich would derive benefit as well from the advancement of the science of dentistry which so extensive a field of operations ensured, as from the facility afforded for the immediate relief

of a poor servant or other dependant, whom the gift of a ticket for the hospital would enable to return to their duties with comfort to themselves. The poor, who were unable to obtain the professional assistance of a private practitioner, here met with immediate attention; and to show the amount of relief afforded during the last year, he need only inform them that 4612 patients had been attended, and that the operations performed amounted to 5573. He had great pleasure in giving "Success and progress to the Dental Hospital."

Mr. THOS. BELL, F.R.S., gave "The health of Prof. Owen," and congratulated the gentlemen present on their good fortune in having secured on this occasion so distinguished a Chairman. It might with truth be said that upon him had descended the mantle of John Hunter. To the genius of that great man he added the same love of science and talent for laborious research, together with all the advantages derived from the progress of discovery in the present age. Of his amiable disposition in private life no one could speak with more sincerity than himself, after a friendship which he had enjoyed for upwards of thirty years, undimmed by a single cloud.

This toast was drunk amidst the greatest applause, and "The health of the Vice-Presidents" having been given, and responded to by Dr. Mayo, and that of "The medical officers" by Mr. R. Hepburn, subscriptions amounting to nearly £300 were announced.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

DURING the last twelve months, and up to within a recent period, the Paris hospitals have enjoyed a comparative immunity from typhoid fevers. Since the beginning of the month, however, a notable change has occurred in the sanitary condition of this capital; and influenza, which had long monopolized the bills of health, has now given place to a slight but unequivocal epidemic of continued fever. The malady is for the most part of a mild and benignant type, and in some cases seems to have engrafted itself upon an already-existing attack of "grippe." In the surgical wards of the general hospitals, and more especially of those in the neighbourhood of the Seine, cases of traumatic erysipelas are numerous, and, as is usual on such occasions, all operations not absolutely indispensable are delayed until the prevalence of this dangerous complication shall have diminished. In the service of M. Bouillaud at the Charité, where leeches are very abundantly employed, inflammation of an erysipelatous character has been the almost invariable result of such local depletion. Whether the prevalence of easterly winds has anything to do with the matter I know not; the inflammatory influence has at all events been very general even in private practice, and in the hospitals I particularly alluded to universal.

At the Academy of Medicine on Tuesday, M. Devergie, a very competent medico-legal authority, took up the thread of the discussion on the post-mortem Cæsarean operation. He spoke for an hour on this subject, arguing, in concert with M. Depaul, that the question lay perfectly within the limits of the Academical jurisdiction, and urging strongly the reconsideration of a topic so prematurely dismissed by his colleagues. M. Devergie maintained that the ambiguity of the law regarding the performance of hysterotomy subsequent to the death of the mother, arose entirely from the fact of its misinterpretation and misapplication. The code really applied to the question of autopsy, and not to that of a surgical operation undertaken for the purpose of saving life. The phrase in article 77 of the Code Civile couples the prohibition of post-mortem examinations within twenty-four hours after death with that forbidding the taking of casts from corpses, embalming, &c.; and the speaker argued that the legislature had not foreseen the possible contingency of the Cæsarean section being judged advisable, and therefore could not have intended an objection thereto; adding that such omissions were not unusual, for although the production of abortion was qualified as a crime, yet no one had ever thought of applying the same epithet to premature delivery when effected by the surgeon in accordance with the rules of medicine. He further maintained that the question, though delicate, was one which in practice must be subject to the general rules of conscientious restriction imposed upon the medical man by feelings of moral rectitude and professional responsibility.

M. Trousseau has resumed the subject of gout in his clinical lectures at the Hôtel Dieu; and in continuation of his remarks on a previous occasion, proceeded to treat the subject of chronic gout. "This form of the disease," said the Professor, "declares itself, for the most part, in the middle-aged period of life. Nevertheless if, as sometimes happens, the acute form has occurred in extreme youth, it is not, in such individuals, unfrequently observed under the chronic type, even at so early an age as thirty-five, more especially if the patient, impatient of suffering, have succeeded in prematurely checking the earlier attacks, and have neglected the principles of hygiene and regimen on which I shall shortly have to insist. Some years ago I was called to treat a child, five years of age, a Moldavian by birth. This patient suffered from asthma, occurring in paroxysms, and from pulmonary emphysema. There did not appear to exist, in this case, any hereditary transmission either of gouty or rheumatic diathesis. The child's parents, grandparents, and ancestors had been free from both. Two years subsequently I saw the patient again, and this time with a well-marked attack of gout in the great toe. I confess that I never saw the malady more clearly defined in any subject, nor ever met with it in so young a person. Morgagni, however, together with Sydenham, Ettmüller, and Scudamore all mention instances of this disease occurring in children. It is certain that individuals of the male sex are much more subject to gout than females. Hippocrates has said that women were only subject to this complaint after the cessation of the menstrual function; and he is, perhaps, right in the main, although you may occasionally observe exceptions to this as to every other rule. The occurrence of repeated attacks not only damages the integrity of the joints affected, by giving rise to permanent engorgement and stiffness, but also affects the general health; add to which, cramp and muscular spasms, of a transitory but most painful character, not unfrequently supervene in the interval of respite between the acute fits; or the gout, leaving the joints, may spread to the tendinous sheath, producing chalky deposits, which interfere with free movement, and occasion deformities of the limbs. Erasmus, in writing to his friend, says: 'I have the gravel, and you have the gout; we have married two sisters.' And, with truth, the kinship is a close one. Few gouty patients live long without suffering from renal calculi, and undergoing the exquisite tortures of nephritic colic, to say nothing of the damage subsequently done to their constitutions by the pernicious abuse of the alkaline treatment usual in such cases. I do not believe that the waters of Vals, Pougues, Contrexéville, and Vichy possess a solvent action upon calculous formations of the kidney or bladder. When a stone is lodged in the former organ, it must of necessity be expelled, and fall into the natural reservoir for the urine. The physician can no more cure renal calculi than he can those which obstruct the gall-duct. What is in his power is the prevention of the formation of others by the maintenance of the urine in a healthy condition, as the biliary calculus may be prevented by the securing a healthy secretion of bile. The gouty diathesis is the only one in which the secretion of 'tophus' is met with. This deposit is composed in part of urate of lime, in part of phosphate of lime. Its occurrence has long been known; and in the great 'Dictionary of Medicine' may be found the history of a gouty subject, who produced such a quantity of chalk-stone during his lifetime as to supply sufficient material for his own tombstone after death. Some observers have maintained that the deposit of chalk-stone takes place during the occurrence of the attack; but this belief is inexact. It is produced during the intervals of freedom, and generally soon after the cessation of the fit. In a family of gouty subjects, you may often meet with the diathesis in a masked form. The constitutional malady may appear under the disguise of asthma, periodical erysipelas, biliary or renal calculi, epistaxis, headache, or disease of the skin. Récamier had already noted the frequent occurrence of headache in gouty subjects, and also the alternation of headache and gout, as well as of gout and asthma. I have a patient at present who, in early life, became subject to both asthma and gout. When the joints become affected and inflamed, his breathing is easy; and when the paroxysms of oppression and suffocation come on, the joints cease to be painful; and when at last he suffers from nephritic colic, and passes an abundance of gravel, he has neither gout nor asthma. But, as I have before said, asthma is not the only affection which may alternate with gout; there may exist skin complaints, as eczema, chronic lichen, or herpetic eruptions, which owe their rise to, and for the time supply the place of, the latent constitutional cause. Bright's disease, chronic catarrh, congestive disorders of the chest, and pleural effusion, are often found where this diathesis

exists. M. Rayer's observation of the prevalence of albuminuria in chronic gout, is a truth of which I have long, from my own experience, been convinced. This reminds me of a sentence in Pierre Desault's 'Dissertation on the Gout,' which runs thus: 'Whenever I am called to see a patient subject to gout, who presents other symptoms, of whatever nature they may be, excepting those connected with contagious disorders, I never lose sight of the gout, and I carefully examine to see whether the gouty humour be not playing its part under the mask of the complaint which is apparent, and for which I have been called.' I regret much that my predecessor in the chair of clinical teaching, M. Chomel, whose excellent practical sense many of you have been able to appreciate, should have lived in the conviction that gout and rheumatism were the same disease, and should have thus propagated an immense error. While the pericardial lesion is the necessary secondary symptom of rheumatism, gout, on the contrary, rebounds back upon the lung, liver, and kidney; whilst rheumatism affects all indiscriminately, gout strikes the rich more than the poor, females rarely—'Nisi vetulas et viragines, et plures interemit sapientes quàm fatuos.'"

Paris, April 23rd, 1861.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MONDAY, APRIL 29TH.

ASSISTANT-SURGEONS IN THE ARMY.

LORD BURGHLEY rose to ask the Under-Secretary of State for War why a large number of staff assistant-surgeons had been placed upon half-pay, and how long it was probable that the state of half-pay as regarded those officers would be continued. He knew it was said that they had been placed on half-pay because the present vote was not sufficient; but why was the present vote not sufficient? It seemed hard that a number of officers just entering on their profession should be placed on half-pay, and their prospects of promotion in the army retarded, when they themselves were not in fault. He did not blame the War Department; he believed they were inclined to be liberal. He hoped they would take the case into consideration, and perhaps do something to remedy the evil.

General LINDSAY, with reference to the notice which had been given by an hon. and gallant friend (Colonel North) to call attention to the reduction of the second assistant-surgeons of regiments of the Line, said he had mentioned the other evening that this reduction had either commenced or was anticipated. The importance of the subject had been felt very deeply, for the addition of a second assistant-surgeon to regiments of the Line had been recommended by the Commander-in-Chief and nearly all the important witnesses before the Sanitary Commission on the Army. To some extent the House had been deceived by the statement made the other night by the Under-Secretary of State. He was far from attributing to him any intention to mislead, but the fact was that what had been stated by him in committee was, so far as he could learn, the reverse of what had actually taken place. An order had gone out reducing in several instances the second assistant-surgeons of regiments serving at home. The question was not, perhaps, quite understood by the hon. gentleman, for the reply that was wished had not been given. When an hon. member stated that the order had gone out for the reduction, the Under-Secretary said if such an order had gone out it had not gone out from the War Department. He was extremely anxious to have the matter cleared up, and if an order had gone out without the knowledge of the authorities, that it should be reversed as soon as possible. The sanitary interests of the private soldier made this a matter of no ordinary importance, and it involved in a great degree the comfort of medical officers themselves. He thought it a great hardship that a medical officer could not have leave of absence, in consequence of the great responsibility which devolved upon him, without employing another practitioner to perform his duties.

Mr. T. G. BARING would state to the House precisely what he had intended to say the other evening. He meant to say two things: the one was that the second assistant-surgeons of the battalions of Guards would not be taken away from them, and the other was that the second assistant-surgeons of Line regiments at home would be placed on half-pay. He did not intend to say that they would not be taken away from the regiment. That arrangement was being entirely carried out. It was considered by the Secretary of State, and by the Commander-in-Chief, that the second assistant-surgeons in regiments at home were no longer necessary. As the gallant officer had mentioned the report of the Sanitary Commission, and the opinions of those supposed to be most conversant with the wants of the soldier in regard to medical officers, he must say no one, in whatever position, had paid more attention to that subject than Lord Herbert (hear), and no one was better qualified to decide how those wants could best be attended to. His opinion was that second assistant-surgeons should no longer be attached to regiments at home. The House itself was able to judge whether three medical officers were required to attend 800 men between the ages of eighteen and thirty, and whose complaints were mostly of a character which, though rendering them for a time incompetent for service, were not of a nature requiring very serious treatment. Lord Herbert held the opinion, in which his Royal Highness the Commander-in-Chief concurred, that second surgeons for regiments at home were no longer required. In the Estimates for this year, therefore, only one assistant-surgeon was taken for regiments at home. It was to be regretted that it should be necessary to place any of these medical officers upon half-pay; but the Chinese war having ceased, the services of a certain number of them could be dispensed with. In effecting reductions, the rule was to deal with the junior officers, and twenty-nine assistant-surgeons had been placed on half-pay. He hoped it would not be requisite to keep them on half-pay for any great length of time, it being intended to give them active employment as vacancies occurred. The change had been made entirely with a view to the efficiency of the medical service. The Secretary of State for War did not mean to imply that these assistant-surgeons were idling away their time, but that with three medical officers for one regiment there was not a proper opportunity for them all to improve themselves in their profession.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 30th ult.:—

Appleyard, James, Cleethorpes, near Grimsby, Lincolnshire.
Beddard, James, Dudley, Worcestershire.
Beg, the Rev. Wazir, Poona, near Bombay.
De Smidt, John, Cape of Good Hope.
Eddowes, William, Pontesbury, Salop.
Ellery, Richard, St. Stephens-by-Saltash, Cornwall.
Greene, Frederick William, Upton-park, Slough.
Greene, James Augustine, M.D. St. Andrews, Calcutta.
Grenfell, Henry, St. Just, Cornwall.
Hodson, Thomas, Cocking, Sussex.
Hutchings, Henry Ebenezer, Dorchester.
Jones, Morris, Aberystwith.
Kidd, Henry Alexander, M.D. St. Andrews, Calcutta.
Lawrence, Frederick George, Cambridge.
Peel, Robert, Durham.
Rawson, Edwin, Kirkstall, near Leeds.
Roper, Arthur, Aylsham, Norfolk.
Sealy, George John, Marazion, near Penzance.

The following gentlemen were admitted Members on the 1st inst.:—

Axham, Frederick William, Bideford, Devon.
Brumwell, John Robert, Burnley, Lancashire.
Caudle, Adolphus William Wisden, Henfield, Sussex.
Clarke, Edward Griffiths, Pontardulais, Llanelly, Carmarthen.
Dunlop, Robert, Drumhead, Dumbartonshire.
Greaves, Charles Henry, Great Easton, Leicestershire.
Griffiths, William Hughes, Llangeler, Carmarthen.
Haswell, Narcis Richard, Falmouth.
Holmested, Thomas, Bocking, Essex.
Holt, George Challenor, Biddulph, Staffordshire.
Jones, Edward, Dolgelley, Merionethshire.
Leeds, Edward, B.A. Oxon., Stretford, near Manchester.
Martin, Henry Arthur, St. Austell, Cornwall.
Minns, Pembroke Robert Joseph Bunch, Nassau, New Providence.
Pocock, Crawford John, Brighton.
Pole, Alexander, Shetland.
Soper, William, Percy-place, Clapham-road.
Stamper, James Fenton, Haverfordwest.
Tanner, Robert, Ledbury, Herefordshire.

ANATOMY AND PHYSIOLOGY. — The following gentlemen passed their primary examination in Anatomy and Physiology on the 25th ult., and when eligible will be admitted to the pass examination:—

Ballard, William Waddell, University College.
Bright, James Albert, St. George's Hospital.
Brittain, Thomas Lewis, Edinburgh.
Brodie, George Bernard, St. George's Hospital.

Conolly, Michael Alfred, Leeds.
Cooke, George Richards, Charing-cross Hospital.
De la Motte, George Coates, Charing-cross Hospital.
Foote, Harry, Edinburgh.
Galbraith, Charles John, London Hospital.
Gray, Frederick John, St. George's Hospital.
Haycock, George, St. Bartholomew's Hospital.
Hayward, Frank Edward, St. Bartholomew's Hospital.
Hopton, Abney Charles, King's College.
Hughes, Thomas Henry, Edinburgh.
Husband, Edward, Newcastle.
Lee, Matthew, Leeds.
Philipps, Alfred, King's College.
Taylor, Charles, London Hospital.
Thomas, George Jenkyn, Guy's Hospital.
Thorold, Ellis Frederick, Edinburgh.
Turner, John, Edinburgh.
Welby, William Montague Hall, Middlesex Hospital.
Wilson, John, Edinburgh.

The following gentlemen passed their primary examination on the 26th ult.:—

Butlin, Charles Henry, St. Bartholomew's Hospital.
Corlett, Joseph Benson, Edinburgh.
Deck, John Feild, St. Thomas's Hospital.
Ellerton, John, Leeds.
Ellison, Samuel Kitching, London Hospital.
Hedley, William Snowdon, Edinburgh.
Hibberd, Edward, Guy's Hospital.
Lisle, Richard Philip, Edinburgh.
Mann, Allen Graeme Cheek, Guy's Hospital.
Murgatroyd, Thomas, Leeds.
Procter, Peter, Guy's Hospital.
Rudge, John Edmund, St. George's Hospital.
Rutherford, William, Edinburgh.
Teale, John William, B.A. Oxon., King's College.
Wadsworth, Alfred, Leeds.
Waghorn, Frederick, St. Bartholomew's Hospital.
Whitall, James William, Edinburgh.
Wright, Charles James, Leeds.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, April 25th, 1861.

A'Beckett, William G., Melbourne, Australia.
France, William Henry, Sheffield, Yorkshire.
Greenwell, Baker.
Hill, John Daniel, Cranoe, near Market-Harborough.
Hutchinson, John Hanley, Catterick, Yorkshire.
Kent, Octavius Jackson, Hampton, Middlesex.
Knapp, John Henry, Clifton.
Rawson, Edwin, near Leeds, Yorkshire.
Spencer, William Henry, Preston, Lancashire.
Thomas, David Bowen, Newcastle-Emlyn, South Wales.
Tucker, Anthony Cornish, Sheepwash, near Hatherby, North Devon.
Watson, William, Sedbergh, Yorkshire.
Willett, John, Great Badworth, Cheshire.
Wright, Alfred, Mount Sorrel, Leicestershire.

The following gentlemen also on the same day passed their first examination:—

Goldsmith, George Pocock, Walton-place, Brompton.
Hepple, Thomas, North Shields.

UNIVERSITY OF LONDON.—The following is a list of Examiners in connexion with Medicine for the year 1861-62:—*Practice of Medicine:* Dr. W. Jenner and Dr. Alex. Tweedie. *Surgery:* Mr. Curling and Prof. Fergusson. *Anatomy and Physiology:* Prof. Redfern, M.D., and Prof. Sharpey, M.D. *Physiology, Comparative Anatomy, and Zoology:* Mr. George Busk and Mr. T. H. Huxley. *Midwifery:* Dr. Tyler Smith and Dr. Charles West. *Materia Medica and Pharmaceutical Chemistry:* Dr. Alfred B. Garrod and Dr. Owen Rees. *Chemistry:* Prof. W. Allen Miller, M.D., and Prof. Alex. W. Williamson, Ph.D. *Botany and Vegetable Physiology:* Dr. Joseph D. Hooker and John Lindley, Ph.D. *Experimental Philosophy:* G. D. Liveing, M.A., and Prof. John Tyndall, Ph.D.

DEGREE OF MASTER IN SURGERY IN THE UNIVERSITY OF CAMBRIDGE.—A statute, framed by the Commissioners on the 23rd October, 1860, concerning the mode of proceeding to the degree of Master in Surgery in the University of Cambridge, was approved by her Majesty in Council on 16th April. The Master in Surgery will acquire the same status and privileges in the University as a Master of Arts. The candidate for the degree must reside nine terms, and conform to the regulations for the study of Arts and Surgery which may be made from time to time by the University. The regulations will probably be issued shortly.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Since the resignation of Dr. Fisher, physician to this hospital, a Mr. Bayes, a homœopathic doctor, has given notice of his intention to offer himself as a candidate, in opposition to Dr. Haviland, a qualified member of the medical profession. The announcement by Mr. Bayes has been met with astonishment from the inhabitants of the town and contempt from the medical practitioners generally.

APPOINTMENTS.—Mr. W. Rhys Williams, late of St. Thomas's Hospital, has been appointed Assistant Medical Officer to the Three Counties Lunatic Asylum, near Bedford, in the room of Mr. Drury, resigned.

At a select Vestry, held on the 23rd ult., Mr. James Dowell, of Westminster Hospital, and Mr. Thomas Pembrey, of St. Thomas's Hospital, were elected Assistant Medical Officers to the Workhouse and Fever Hospital, Brownlow-hill, Liverpool.

Dr. William Strange has been elected Physician to the Worcester General Infirmary, in the room of Dr. Davis, resigned.

Mr. William Summerhayes, M.R.C.S. and L.S.A., student of St. Thomas's Hospital, and House-Surgeon to the Surrey Dispensary, has been elected to the office of House-Surgeon to the Northampton Lunatic Asylum, in the room of Mr. Wade, resigned.

Mr. R. Iliffe, M.R.C.S., L.S.A., and L.M., has succeeded Dr. Poole as Resident Surgeon to the Lying-in Hospital and Dispensary for Diseases of Women and Children, Birmingham.

Mr. Andrew Scott, of Burgh-by-Sands, has been appointed Medical Officer of the Bowness District, Wigton Union, Cumberland.

ANNIVERSARY OF THE LONDON HOSPITAL.—The 121st anniversary of the London Hospital was held on the 1st of May, under the presidency of Viscount Enfield. The report of the Committee showed a most satisfactory condition of the funds and the administration of the institution. The magnificent collection of £26,000 in the previous year had so far restored the financial equilibrium, that only the ordinary appeal to the public munificence was now necessary. Upwards of £1600 was subscribed at the dinner, the Chairman of the Committee, Mr. Fowell Buxton, contributing £200.

WESTMINSTER HOSPITAL DINNER.—A public dinner in aid of the funds of this hospital was held at Willis's Rooms on Wednesday evening. It was very numerously attended, and subscriptions to a large amount were announced.

NEW MEDICAL COLLEGE.—The Drs. Power are about to establish a new Medical College, which will possess all the advantages of a complete training school for boys intended for the medical profession.

MR. HUBBARD'S COMMITTEE ON THE INCOME TAX.—Several correspondents have addressed us respecting the petition to be presented to Parliament in favour of Mr. Hubbard's propositions. The offices of the National Medical Registration Association are at 44, Parliament-street. The petition may be signed at that place by any gentleman desirous of adding his name to it. We understand that the President of the Association (Mr. Fergusson), Dr. Webster of Dulwich, and Mr. Lavies, as representatives of the three branches of the profession, will give evidence before the committee now sitting on the Income-tax.

LIBERAL DONATION.—We understand that Mr. M'Whinnie, who had already contributed a large number of preparations and drawings to the museum of St. Bartholomew's Hospital, has now presented his valuable collection of diagrams of comparative anatomy and drawings of the effects of poisons.

ROYAL HORTICULTURAL SOCIETY.—The anniversary meeting was held on Wednesday. The balance-sheet showed that the total receipts on the Kensington Gore account had been £40,666 6*s.* 3*d.*; the expenditure (including £22,068 5*s.* 2*d.* invested), less that sum by £3519 15*s.* 8*d.* The Chiswick general account showed receipts £4974 13*s.* 3*d.*, and expenditure £4585 17*s.* 6*d.*

ZOOLOGICAL SOCIETY.—The anniversary meeting was held on Monday. The report stated that the Society was in a prosperous condition.

THE ENGLISH IN EGYPT.—There has been a good deal of sickness up the Nile amongst the English visitors. Six deaths have occurred.

THE EGYPTIAN FEVER.—Letters from Alexandria, dated 11th April, received on Sunday last, announce the arrival, on the 7th instant, of the Egyptian frigate *Voyageur de la Mer*, after a fine run of seventy-four hours from Malta, and that eleven of her crew were landed in hospital the same day, suffering from the disease which has already been described. Of the thirteen Europeans who embarked at Liverpool, only one person, the first engineer, has escaped being attacked by this singular epidemic. The English medical officer attached to the Egyptian Government considers it to be gastric fever, which, when neglected, may prove of a malignant nature.

MIDDLESEX HOUSE OF CORRECTION.—The office of surgeon to the Middlesex House of Correction and House of Detention at Clerkenwell having been declared vacant in consequence of the death of Mr. H. Wakefield, the election of another surgeon will take place on the 23rd instant.

LEEDS DISPENSARY.—Mr. Hopkins has resigned his office as resident medical officer and secretary to this institution.

NEWARK-ON-TRENT DISPENSARY.—A house-surgeon and secretary to this institution will be elected on the 20th instant.

BRIDGWATER UNION.—The election of a medical officer for the Polden district of this union will take place on the 15th instant.

KENT COUNTY OPHTHALMIC HOSPITAL.—An honorary assistant-surgeon is about to be added to the medical staff of this hospital.

DEVON AND EXETER HOSPITAL.—A house-surgeon-apothecary to this hospital will be elected on the 24th instant.

BRISTOL GENERAL HOSPITAL.—There is a vacancy in the office of surgeon to this institution, by the resignation of Mr. Joseph Goodale Lansdown, who has held it ever since the establishment of the hospital in 1832.

BIRMINGHAM AND MIDLAND EYE INSTITUTION.—A house-surgeon to this charity will be elected by the General Committee on the 23rd instant.

NOTTINGHAM.—The offices of medical officer for District No. 1 in the Nottingham Union, surgeon to the Union Hospital and Dispensary, and public vaccinator, have become vacant by the death of Mr. Noah Fox, L.F.P.S. Glasgow.

CANTERBURY.—Mr. T. Andrews has resigned the office of surgeon to the Canterbury City Gaol, which he had held for about thirty years.

THAMES CONSERVANCY.—The conservators state that every exertion has been made to prevent persons from illegally passing poisonous and offensive matter from chemical, gas, and other works, into the Thames; but they add, "that while persons are permitted, unchecked, with impunity, to pass filth of every noxious kind into canals and watercourses which discharge into the Thames at every tide, anything like a pure state of the river near the metropolis cannot reasonably be expected."

SUDDEN DEATH OF A PHYSICIAN.—A great shock was given to Bury St. Edmunds by the sudden death, on the evening of the 25th ult., of Dr. Probart, the senior physician of our hospital, and a magistrate for the borough and county. He had been somewhat enfeebled since a fall from his horse some time ago, but was still possessed of mental and bodily vigour scarcely to be expected at his age—verging on fourscore. On the afternoon in question, he rode out alone on the Newmarket-road, and about half a mile beyond the Risby turnpike he was seen by some men on the road to dismount, and, in mounting again, as it would seem, from a small hillock of earth, he fell forward, and his horse started away and ran off. Another man stopped the horse, and on coming up to its rider, whom he did not know, found him apparently breathing his last. The appearance of his face plainly indicated the cause of death to have been apoplexy. The body was immediately brought home to his residence, his son, Captain Probart, who so recently returned home after a long absence, and daughter, having, in the meantime, been prepared for the sad event. Dr. Probart had long occupied an eminent position in his profession, in his public affairs as well as in private society, and the benefit of his advice was freely afforded to the poor. A vacancy in most of the public trusts of the town is occasioned by his death.—*Bury and Norwich Post.*

LADIES' SANITARY ASSOCIATION.—The second public meeting of this Association was held at the Hanover-square Rooms on the 23rd ult., under the presidency of the Right Rev. the Lord Bishop of Oxford, near whom on the platform were the Right Rev. the Lord Bishop of London, the Right Hon. the Earl of Shaftesbury, the Right Hon. W. F. Cowper, M.P., Mr. Slaney, M.P., the Rev. J. W. Rowsell, Dr. Edwin Lankester, Mr. James Grant, Mr. Thos. Hughes, and a number of other friends of the Association, both lay and clerical.

The Right Hon. W. F. Cowper, M.P., read the report, which extended over a period of nine months. There were now 206 members on the list, and the principal object of the Committee had been the diffusion of sanitary information amongst the people by means of a series of well-written tracts, in language adapted to the popular comprehension. Their efforts hitherto had been attended with very satisfactory results. No fewer than 138,500 of these tracts had been put in circulation, relating to "fresh air," "pure water," "good food," "wholesome drink," "warm clothing," "the health of mothers," "how to manage a baby," "the power of soap and water," "the dwellings of the people," &c. They desired to make grants of these tracts wherever there was a parochial organization by means of which they could be advantageously disposed of, but the funds in hand were not adequate to meet all demands. By means of a friend, elementary sanitary information had been widely diffused in Germany. A variety of lectures had been delivered, under the auspices of the Association, at Brighton and elsewhere, which had produced a good effect. Mrs. Fison, a member of the Committee, had devoted nearly her whole time to the work in Manchester and other places, distributing tracts and delivering addresses, one of which was listened to by a crowded audience in Surrey Chapel. The balance-sheet showed subscriptions to the amount of £91, donations £79, which with other receipts made a total income of £353. The expenditure was £259, leaving a balance of £94. The report concluded with an appeal for pecuniary aid, to enable the Committee to extend the operations of the Society.

After an address by the Lord Bishop of Oxford in support of the objects of the Association, Mr. Thos. Hughes, the author of "Tom Brown's School-days," moved, and Dr. Lankester seconded, the adoption of the report, which was then put and agreed to.

The Earl of Shaftesbury moved the next resolution, which was as follows: "That, as the great part of the disease and premature mortality of this country results from ignorance of the laws of health, the efforts of the Ladies' Sanitary Association deserve the greatest encouragement."

The Rev. J. Baldwin Brown cordially seconded the motion, which was unanimously agreed to.

The Bishop of London moved the next resolution, to the effect that, as a want of sanitary knowledge was apparent throughout the country, it was desirable to establish many more branches of the Ladies' Sanitary Association. The Right Rev. Prelate supported the motion in a brief and earnest address, and it having been seconded by Dr. Waller Lewis, it was put and carried unanimously.

The proceedings then terminated.

DR. LIVINGSTONE AND THE UNIVERSITIES' MISSION.—The Rev. W. Monk, of Cambridge, a personal friend of Dr. Livingstone, has received a letter from the intrepid explorer, dated Kangona, Feb. 9th, in which he writes:—"On the afternoon of the 7th, Her Majesty's ship *Lyra*, having (it is believed) the bishop (Dr. Mackenzie, Bishop designate of the Central African Mission) on board, anchored off the harbour. The bar is rough, and has prevented communication. I am overjoyed with the prospect of the day which now dawns upon Africa."

MEDICAL CHARITIES.—As an example to other trades, callings, or professions, the subjoined items were voted to the various institutions mentioned at the last general meeting of the London Society of Compositors, whose members have occasionally received important benefits therefrom:—King's College Hospital, 7 guineas; Brompton Hospital for Consumption, 9 guineas; City of London Hospital for Diseases of the Chest, (Victoria-park), 6 guineas; Westminster Ophthalmic Hospital, 2 guineas; St. Mark's Hospital for Fistula &c., 3 guineas; City of London Truss Society, 5 guineas; Charing-cross General Hospital, 2 guineas; Royal Infirmary, City-road, (Diseases of the Chest,) 3 guineas; Surrey Dispensary, 3 guineas; City of London Dispensary, 1 guinea; Metropolitan Convalescent Institution, 3 guineas; Royal Ophthalmic Hospital, Moorfields, 2 guineas; National Hospital for the Paralysed and Epileptic, 24, Queen-square, Bloomsbury, 1 guinea; Hospital for Diseases of the Skin, Bridge-street, Blackfriars, 1 guinea; North London or University College Hospital, 1 guinea; Royal Free Hospital, Gray's inn-road, 1 guinea. Total, 50 guineas.

NEWPORT COUNTY COURT.—PROFESSIONAL AMENITIES: WILKINS *v.* BIDDLECOMBE.—This was an action to recover 5*s.* for medical attendance.—Plaintiff: I attended one of defendant's children, and assisted in an operation. Dr. Castle attended as principal, at defendant's request, and I assisted him. —The Judge: Well, defendant has nothing to do with that. I suppose he paid him if he engaged him; at any rate Dr. Castle will look to him for payment.—Defendant said Dr. Castle was his medical attendant, and he knew nothing whatever of the plaintiff in the matter; he had also brought Dr. Castle to prove

the fact as a witness.—The Judge: A contract must be either expressed or implied, and you have none whatever.—Dr. Castle sworn: I had a trifling operation to perform on the child of the defendant's, and on going down the street I happened to meet with Dr. Wilkins, and I asked him if he would assist in it, and he said "Very well, certainly," and he ought to have known, as one of the profession, that it is usual with professional gentlemen to assist one another. It was not necessary for me to consult the patient about it, and Dr. Wilkins came with me without his knowledge, and when I heard about his charging defendant for it, I said to him that if he really *wanted 5s.*, I would give it to him out of my own pocket; for if anybody was to be sued, it ought not to be the defendant.—Plaintiff: I deny it, and I beg to ask Dr. Castle if he didn't once ask my assistance at an operation at the Star Inn, and charge for it?—Witness: I certainly did receive a note from you once in the middle of the night to come and assist you, and you said at the bottom of it, "Of course you'll get your fee."—The Judge: I am certainly of opinion, with Dr. Castle, that the defendant is not liable, and I shall give judgment in his favour, and allow Dr. Castle's expenses as a witness.

PRESENTATION TO DR. SYME, OF ALLOA.—Dr. Syme having long laboured in this locality as a diligent and attentive family physician, and being loved by all for his polite and gentlemanly bearing, it was spontaneously agreed by a number of his friends to testify their respect for him by presenting him with a portrait of himself. The execution of the portrait was entrusted to Mr. T. L. Ritchie, of Glasgow, who has succeeded in producing a true likeness of Dr. Syme, highly creditable to the artist, whose talents are well known and appreciated. The following is the inscription affixed to the portrait:—"Presented to James Syme, Esq., Surgeon, and Licentiate of the Royal College of Physicians, Edinburgh, by a few friends, as a mark of respect and esteem. Alloa, 26th April, 1861."

NAVAL APPOINTMENT.—Surgeon John Nihill to the *Hastings*.

RANK OF ARMY SURGEONS.—A recent circular from the War-Office, "by command of her Majesty," repeals that clause of the Warrant of Oct. 1st, 1858, issued by Gen. Peel, which conferred upon staff and regimental surgeons the rank of major with seniority, according to the date of their commissions. The surgeons are now to rank as majors, but junior of that rank.

APPOINTMENTS TO VOLUNTEER CORPS.—COMMISSIONS SIGNED BY LORDS-LIEUTENANT.—18th Company of Surrey Rifle Volunteers: E. Y. Knowles, Gent., to be Hon. Assist.-Surg. 1st Adminis. Bat. of Suffolk Rifle Volunteers: S. Freeman, Gent., to be Surgeon. Her Majesty has been pleased to accept the resignation of the commission held by Hon. Assist.-Surg. Spencer Freeman in the 6th Suffolk Rifle Volunteers. 4th Glamorganshire Rifle Volunteers: T. A. Essery, Esq., to be Surgeon. 6th Tower Hamlets Rifle Volunteer Corps: J. F. Reeve, M.D., to be Hon. Assist.-Surg. 9th Fife Artillery Volunteer Corps: R. Todd, M.D., to be Hon. Assist.-Surg. 29th Middlesex Rifle Volunteer Corps: H. Sutherin to be Assist.-Surg. 1st Corps of Northumberland Rifle Volunteers: Assist.-Surg. W. Browne, M.D., to be Surgeon. 2nd Adminis. Bat. of Staffordshire Rifle Volunteers, 19th Company: G. Utermarck, Gent., to be Hon. Assist.-Surg. 3rd City of London Rifle Volunteer Corps: F. W. Palmer, M.D., to be Surgeon. 19th West Riding of Yorkshire Rifle Volunteers: W. Saville, Gent., to be Hon. Assist.-Surg.—*London Gazette*.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 27TH.—In the week that ended last Saturday the deaths declined to 1182. Seventy-nine children died in the week from whooping-cough; 24 deaths were caused by scarlatina, 13 by diphtheria, and 2 by glanders. Phthisis carried off 168 persons in the week. There were 15 deaths from hepatitis, 2 from jaundice, 10 from disease of the liver, and an infant from disease of the spleen.

Last week the births of 930 boys and 928 girls, in all 1858 children, were registered in London. In the ten corresponding weeks of the years 1851–60, the average number was 1680.

Births, Marriages, and Deaths.

BIRTHS.

On the 19th ult., at Upper Brook-street, Grosvenor-square, the wife of John Ogle, M.D., of a son.

On the 30th ult., at Ledbury, Herefordshire, the wife of C. F. Lewis, L.R.C.P. Edin., of a daughter, stillborn.

MARRIAGES.

On the 25th ult., at St. John's, Paddington, Albert W. Batchelor, Esq., of Connaught-terrace, Hyde-park, to Emma, second daughter of Wm. J. Jones, Esq., M.R.C.S., of Lincoln's-inn.

On the 1st inst., at the Church of Marston-Montgomery, Derbyshire, George Thomas Keele, Esq., M.R.C.S., of Brucevillas, St. Paul's-road, Highbury, to Harriett, youngest daughter of Stephen Watson, Esq., of Daisy-bank, near Rocester, Staffordshire.

DEATHS.

On the 19th ult., at Bentinck-street, Maria, daughter of the late John Chapman, M.D.

On the 19th ult., at Harley-street, Major Charles Gonne Southey, of H.M.'s 3rd Madras European Regiment, eldest son of H. H. Southey, M.D., aged 42.

On the 21st ult., at Manor-villa, New Wanstead, of pelvic abscess, George Heginbotham Love, M.D., aged 34.

On the 23rd ult., John Wm. Williams, Esq., M.R.C.S., of Duffield, Derbyshire, aged 38.

On the 24th ult., at Gibson-square, Islington, W. O. Couch, Esq., M.R.C.S., aged 38.

On the 27th ult., at Accrington, Lancashire, Alice Margaret, the wife of W. Sommerville Millar, M.D.

On the 27th ult., John Clark, M.D., Deputy-Inspector of Army Hospitals, aged 54.

On the 28th ult., William Henry Porter, Esq., F.R.C.S.I., Professor of Surgery in the Royal College of Surgeons, Ireland.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 6	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. GUY'S HOSPITAL.—11 A.M. Dr. Edward Pick, "On a New and Natural System of Improving the Memory." EPIDEMIOLOGICAL SOCIETY.—8 P.M. "On the Diseases of Hong Kong and the Canton River Station." By Dr. Smart. ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
TUESDAY, MAY 7	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, MAY 8	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M. NORTH LONDON MEDICAL SOCIETY.—8 P.M. GEOLOGICAL SOCIETY OF LONDON.—8 P.M.
THURSDAY, MAY 9	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
FRIDAY, MAY 10	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, MAY 11	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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To Correspondents.

Royal Medical and Chirurgical Society.—In reply to the numerous communications that have been forwarded to us, we regret to say that the papers intended to be read before the Society are not submitted to a committee of reference. The Council of the Society, whilst they sedulously guard the portal which leads to their volumes of "Transactions," admit indiscriminately all candidates who desire to bring their papers into the arena of public discussion. The natural consequence follows: worthless communications are permitted to be read, to the serious detriment of the Society, and the waste of valuable time. We are opposed upon principle to unnecessary restrictions; but it is essential to the public interests that a line should somewhere be drawn. The Council of the Society are entrusted with great and somewhat unusual powers; they are bound to exercise them with forbearance, but it is equally incumbent upon them to use them with firmness. The proceedings of the last meeting of the Society offer a striking commentary on the truth of this remark. The position at present occupied by the Medical and Chirurgical Society does not admit of a governing body safely to experiment on the patience of those who attend its meetings. There has long been a growing suspicion that the papers read before it are occasionally totally unworthy of the reputation which the Society has acquired. If a diminution of the number of those who assemble at the ordinary meetings is to be taken as a criterion of the value set upon its proceedings, this must be small indeed. It has been our duty on many occasions to comment upon the laxity which the Council have exhibited in relation to the papers read at the ordinary meetings. If that laxity be continued, the Council must be prepared for a fortnightly assemblage which will get small by degrees, "not beautifully less."

M. Lefort, (Paris.)—We cannot entertain our correspondent's proposal.

A Subscriber of Seven Years to THE LANCET.—The question previously put to us referred to the privileges of a member of the Royal College of *Surgeons* of Edinburgh. The present inquiry requires a different answer. He can practise medicine, and by courtesy style himself "Dr."

Cambridge.—It is better not to advertise further the pretensions of Dr. B.

ARTIFICIAL TEETH.

To the Editor of THE LANCET.

SIR,—The letter of "A Dentist" in your journal of the 23rd March has attracted my attention, and I have been at some pains to inquire and to find out whether the colouring material in the vulcanized india-rubber is in any way deleterious. I have treated nearly 200 cases with this basis for artificial teeth, and have not known a *single* instance wherein the slightest ill effect has been produced by its use. I am in the habit of giving to its surface a very fine polish, which cannot in any way be affected by the fluids of the mouth. I have a plate before me made from it, which has been in use for a year, and a close examination shows that it is not decomposed, corroded, nor in any way altered by the fluids of the mouth. It is known to be most endurable and lasting, and far preferable to the bony lower plates that we were once in the habit of employing, which actually underwent decomposition, became very offensive, and no doubt produced such symptoms in many instances as are described by "F.R.C.S." in THE LANCET of the 27th April. I am at a loss, however, to understand how the vulcanized india-rubber can be looked upon by him as the cause of the peculiar symptoms which he describes, and commencing only two months after use. It cannot affect the saliva, because it is not acted upon by this fluid. I am rather disposed to believe that some other cause altogether has been at work, exaggerated, may be, by a misfit, which will at times produce any amount of irritation.

One of the best signs of the value and utility of the vulcanized india-rubber is the manner in which it is becoming appreciated both by the profession and the public.

I am, Sir, your obedient servant,

Park-square, Regent's-park, May, 1861. THOS. H. HARDING.

Critic.—The words employed by "Junius" fairly admitted of the use which we made of them. "You might fight, Sir William," said the great anonymous writer, "but others would assassinate." It may be necessary in times of political danger for a writer like "Junius" to remain unknown; but it is idle to assert that the publisher of an anonymous letter can forego the responsibility of its publication. Woodfall suffered fine and imprisonment as the publisher of the letters of "Junius." No parallel, then, can be drawn between the responsibility of a journalist and the irresponsibility of a secret tribunal. In the one case there is an appeal to public opinion; in the other the decision is intended to be final. We still contend that the names of the judges upon a question of science should be known. Secrecy and irresponsibility are incompatible with the due administration of justice. Under such circumstances, there is an opportunity for the exercise of private malignity, partiality, and nepotism.

Dr. C. J. Sayer.—The letter shall be transmitted as desired.

Mr. Nunneley, (Leeds.)—The document has been forwarded as requested. If it be possible to discover the perpetrators of the disgraceful hoax, they shall receive the punishment they so richly deserve. Such a fabrication amounts to a fraud, and the concoctors of it may yet stand at the bar of a criminal court. Although we do not entirely agree with some of the sentiments expressed by our respected correspondent, we will cordially assist him and the other gentlemen, whose names have been used in a most unwarrantable manner, in bringing the offenders to condign punishment.

Medicus.—1. He will find the information he requires in the Students' Number of THE LANCET.—2. No day has yet been fixed for the next examination.

THE MEDICAL ACT.

An Old Practitioner.—1. It is not necessary to register *every* year; but any *new* qualification which the practitioner may wish to add to his name can be inserted on application.—2. Since it is not necessary to register every year, there is no demand for an annual payment. The legal rights under the Register continue in force so long as the name remains—that is, until the death of the person registered.

Mr. Richardson.—Very excellent gluten bread may be procured of Mr. Van Abbott, of Cannon-street West. It is an invaluable and even an indispensable article in the treatment of diabetes, and is by no means unpalatable. Mr. Van Abbott has had a variety of other gluten preparations made as well as the bread, and has had it prepared in the form of small cakes and biscuits; he has also had it combined with cocoa. There is no beverage better suited for the diabetic than that made from the combination of cocoa and gluten. Cocoas, as ordinarily sold, contain large quantities of starch or farina, and hence these mixtures, if used in diabetes, would prove hurtful instead of being beneficial.

An Observer, (Market Drayton.)—Full particulars of the case must be forwarded to us, and "An Observer" must communicate his name and address in confidence before we can answer the question.

Lector, (Bristol.)—Cases of a similar kind are recorded in works upon Diseases of the Ear.

Mr. Alfred Hill is thanked. Our reporter was present.

A Medical Pupil, (Huddersfield.)—1. He will be exempt.—2. They have not been stated.

A CORRESPONDENT requests that it may be stated that Hamilton churchyard, to which we referred in a recent "Annotation," is not a Glasgow churchyard in the sense of being contained with the urban limits of that city.

One who has Seen Troubles.—It is probable that a memorial to the Board of Examiners would result in his exemption from the regulations.

BENEVOLENT ASYLUM FOR THE INSANE OF THE MIDDLE CLASSES.

To the Editor of THE LANCET.

SIR,—In your excellent report of Lord Shaftesbury's speech last week, there is an error in one word, which, however, is most important, and Lord Shaftesbury says that he must have been "grievously misunderstood." Our asylum is not intended to be *in*, but near to, or at least no great distance from, the metropolis. I refer your readers to your advertising columns.

I am, Sir, your obedient servant,

May, 1861. H. B. RAYMOND BARKER, Secretary.

Verax assumes a position which he has no right whatever to occupy, and it is simply impertinent of him to enter his protest upon matters which must be left entirely to our discretion.

IF *Mr. Julius Jeffreys* will kindly favour us with a *short* paper on the subject of his letter, it shall receive attention at our hands.

M.R.C.S. has forgotten to enclose his name and address, or we should have been happy to forward his views.

H. M.—1. We are not aware that they are to be obtained by purchase.—2. Churchill or Tanner.—3. It was received.

Justitia.—What evidence can be adduced to support the statement forwarded to us? "Justitia" surely cannot suppose that we should publish so grave a charge against the Court of Examiners upon the *authority* of an anonymous correspondent.

Mr. E. Thomson.—The case is hardly of sufficient interest.

Mr. H. W. Mitwich is thanked for his communication. The subject shall receive our early attention.

Bovis.—He can hold the appointment legally.

THE conclusion of the Review of Parker and Acton on Syphilitic Diseases is deferred until next week.

ERRATA.—In the list, published last week, of gentlemen who passed the Primary Examination at the College of Surgeons on the 20th ult., Messrs. Fagge, Grove, Lyman, Martin, Smith, and Turner are stated to be of St. George's Hospital, whereas they belong to Guy's. Also, in the list of Members admitted on the 18th, the Christian name of Mr. Eddowes should have been printed "Charles," not "Edward."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Gairdner; Mr. Jeffreys; Mr. Dent; Dr. M'William; Mr. Moor; Dr. Miller; Mr. J. Suckling, Birmingham, (with enclosure;) Dr. de Chaumont, Dublin, (with enclosure;) Mr. E. B. Ray, Sittingbourne, (with enclosure;) Mr. G. E. Ord, Reading, (with enclosure;) Mr. H. Nutt, (with enclosure;) Mr. E. Edwards, Crewe, (with enclosure;) Mr. R. Pearson, Maidstone; Dr. Atkinson, Wakefield; Mr. Butler; Mr. E. Force, Exeter; Mr. R. O. Rees, Dolgelly; Mr. J. Sandison, Arbroath, (with enclosure;) Mr. G. Grove; Mr. T. Dobson, Fleetwood, (with enclosure;) Mr. A. Nicholson, Chester, (with enclosure;) Mr. H. Skaife, Easingwold, (with enclosure;) Dr. May, Bathfriland; Mr. Jones, Liverpool, (with enclosure;) Mr. F. Mitchel; Mr. E. Longhurst; Dr. Smith; Mr. Jas. Witchell; Mr. W. D. Moore, (with enclosure;) Mr. W. C. Byass, Dorchester, (with enclosure;) Mr. H. D. Best; Mr. A. P. May, Liverpool, (with enclosure;) Mr. E. T. Keys, Southall, (with enclosure;) Mr. G. T. Keele; Mr. C. F. Lewis, Ledbury; Dr. Strange, Worcester; Mr. Cresswell, Seaton, (with enclosure;) Mr. F. Dowling, Bristol, (with enclosure;) Mr. Travers; Mr. J. H. Hooper; Dr. Sayer; Mr. John Edye, Exeter; Observer; Royal Horticultural Society; Common Honesty; An Army Assistant-Surgeon; V. M.; A Medical Pupil; A Qualified Assistant; A. B.; M.R.C.S.; One of the Duped; Devoniensis; Justitia; H. B. R. B.; A. P. M.; Bovis; &c.